

# **EXHIBIT 1**

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA  
CHARLESTON DIVISION

4           IN RE: ETHICON, INC. ) Master File No.  
5       PELVIC REPAIR SYSTEM ) 2:12-MD-02327  
6       PRODUCTS LIABILITY )  
7       LITIGATION ) MDL No. 2327  
8           ) \_\_\_\_\_  
9           ) )  
10          THIS DOCUMENT RELATES TO ) JOSEPH R.  
11          PLAINTIFFS: ) GOODWIN  
12          ) U.S. DISTRICT  
13          Mary Hendrix ) JUDGE  
14           Case No. 2:12-cv-00595 )  
15          Danni Laffoon )  
16           Case No. 2:12-cv-00485 )  
17          Alfreda Lee )  
18           Case No. 2:12-cv-01013 )  
19          Mary Holzerland )  
20           Case No. 2:12-cv-00875 )  
21          Heather Long )  
22           Case No. 2:12-cv-01275 )  
23          Donna Shepherd )  
24           Case No. 2:12-cv-00967 )  
25          Cheryl Lankston )  
26           Case No. 2:12-cv-00755 )

## DEPOSITION OF

CHRISTOPHER E. RAMSEY, M.D.

Taken on behalf of the Plaintiff

April 6, 2016

6:11 p.m.

1 A P P E A R A N C E S

2

3 FOR THE PLAINTIFFS:

4

5 Nate Jones, Esquire  
6 Wagstaff & Cartmell LLP  
7 4740 Grand Avenue, Suite 300  
8 Kansas City, Missouri 64112  
9 816.701.1100  
10 njones@wcllp.com

11

12 FOR PLAINTIFF DONNA SHEPHERD:

13

14 Matthew C. Barsenas, Esquire  
15 (Present Telephonically)  
16 The Oliver Law Group  
17 363 West Big Beaver Road, Suite 200  
18 Troy, Michigan 48084  
19 800.939.7878  
20 mbarsenas@oliverlg.com

21

22 FOR PLAINTIFF CHERYL LANKSTON:

23 Dawn R. Meade, Esquire  
24 (Present Telephonically)  
25 The Spencer Law Firm  
26 4635 Southwest Freeway, Suite 900  
27 Houston, Texas 77027  
28 713.961.7770  
29 dawnmeade@spencer-law.com

30

31 FOR THE DEFENDANTS AND THE WITNESS:

32

33 Matthew P. Moriarty, Esquire  
34 Tucker Ellis, LLP  
35 950 Main Avenue, Suite 1100  
36 Cleveland, Ohio 44113  
37 216.592.5000  
38 matthew.moriarty@tuckerellis.com

39

40

|    |   |      |
|----|---|------|
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11                          It is agreed that Lise S. Matthews,  
12 being a Notary Public and Certified Court Reporter  
13 for the State of Tennessee, may swear the witness,  
14 and that the reading and signing of the completed  
15 deposition by the witness is waived.

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\* \* \*

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1 CHRISTOPHER E. RAMSEY, M.D.

2 was called as a witness, and after having been  
3 first duly sworn, testified as follows:

4

5 EXAMINATION BY MR. JONES:

6 Q. Doctor, state your name for the record.

7 A. Christopher Eric Ramsey.

8 Q. And do you understand why you're here  
9 today?

10 A. Yes.

11 Q. And what is your understanding of why  
12 you're here today?

13           A.         I'm here to give a deposition about  
14 mesh litigation.

15 Q. Are you here to give opinions as to the  
16 safety of the design of the TVT-O device?

17 A. Yes.

18 O. TTVT-S device?

19 A. Yes.

## 20 O. The TVT Retropublic device?

21 A. Yes.

## 22 O. The TVT Exact device?

23 A. Yes.

## 24 O. The TVT Abbrevo device?

1 A. Yes.

2 Q. The Prolift?

3 A. No.

4 Q. Any Ethicon prolapse mesh products?

5 A. No POP device.

6 Q. Do you use Ethicon mesh POP devices?

7 A. No.

8 Q. Have you ever used Ethicon POP mesh  
9 devices?

10 A. No.

11 Q. You've never used Prolift?

12 A. No.

13 Q. You've never used Prolift+M?

14 A. No.

15 Q. Have you ever considered doing any  
16 consulting work for Ethicon related to Prolift+M?

17 A. No.

18 Q. Have you ever received any professional  
19 education materials from Ethicon related to  
20 Prolift+M?

21 A. No.

22 Q. Have you ever reviewed Prolift+M  
23 professional education materials?

24 A. No.

1           Q.         If there are internal records at  
2       Ethicon that indicate you were involved as a  
3       consultant for Prolift+M, would you disagree with  
4       those records?

5           A.         Yes.

6           Q.         Have you done consulting work on all of  
7       Ethicon SUI mesh devices?

8           A.         What do you mean by "consulting work"?

9           Q.         You tell me what you think "consulting  
10      work" means.

11          A.         I mean, I really don't know what you  
12      mean.

13          Q.         How about let's limit it to in your  
14      CV you list proctorships.

15          A.         Okay.

16          Q.         Have you acted as a proctor for every  
17      single one of Ethicon SUI mesh devices?

18          A.         No.

19          Q.         Which ones have you acted as a proctor  
20      for?

21          A.         TVT Obturator and TVT-Secur.

22          Q.         Are those the only two Ethicon mesh  
23      products you've acted as a proctor for?

24          A.         Yes.

1 Q. Have you done marketing events for  
2 Ethicon related to Ethicon mesh products?

3 A. I guess what do you mean by "marketing  
4 events"?

5 Q. You don't understand what the term  
6 "marketing event" means?

7 A. Well, I mean, it could mean a lot of  
8 things. But I'm just wondering what you mean  
9 specifically by marketing event. Do you mean,  
10 like, doing a dinner presentation? I mean, I don't  
11 know what you mean.

12 Q. Would you include a dinner presentation  
13 under the definition of a marketing event?

14 A. I would.

15 Q. Okay.

16 A. But I've not done that.

17 Q. Okay. You've never done a dinner  
18 event --

19 A. Not a dinner event, no.

20 Q. -- for Ethicon?

21 A. No.

22 Q. Not once?

23 A. I haven't presented one. I've been to  
24 one where I've listened to other people speak, but

1 I've never presented at an Ethicon dinner event.

2 Q. How many Ethicon dinner events have you  
3 been to?

4 A. A handful, maybe five.

5 Q. You've never given one, correct?

6 A. No.

7 Q. Have you been asked to give a dinner  
8 event presentation by Ethicon?

9 A. I don't remember being asked to give a  
10 dinner event.

11 Q. Have you ever done any marketing events  
12 for Ethicon related to the mesh products?

13 MR. MORIARTY: Objection.

14 Go ahead.

15 THE WITNESS: Yeah. I'm -- I'm just  
16 trying to think back if I've done -- that's why I'm  
17 pausing.

18 The only marketing event that I would  
19 consider doing that would be marketing for them  
20 would be to go with the representative -- the  
21 device representative and discuss it with an OB/GYN  
22 or another urologist at his office or maybe in the  
23 operating room, is the closest I would think I've  
24 done any marketing for them.

1 BY MR. JONES:

2 Q. Okay. Can you think of any consulting  
3 work you've done for Ethicon outside of  
4 proctorships?

5 A. Specifically with mesh?

6 Q. Correct.

7 A. Other than going to the dinners myself,  
8 that I've directed and I've been responsible for, I  
9 have not.

10 Q. You've been responsible for directing  
11 dinner events?

12 A. No. I've not been responsible for  
13 directing --

14 Q. So --

15 A. I've been -- I've been to them where  
16 other physicians have spoken and given their data.

17 Q. Okay. Let me break this down.

18 You've attended a handful of dinner  
19 marketing events held by Ethicon, correct?

20 A. Right.

21 Q. You have in your role as a consultant  
22 for Ethicon acted as a proctor for TVT-S and TVT-O,  
23 correct?

24 A. Correct.

1 Q. How many proctor events for TVT-O and  
2 TVT-S have you done for Ethicon?

3 A. Between 15 to 20, that I remember.

4 Q. Fifteen to 20 total events you've done  
5 for Ethicon in your role as a consultant physician,  
6 correct?

7 A. Probably.

8 Q. Over what time period did you perform  
9 these 15 to 20 events for Ethicon in your role as a  
10 consultant physician?

11 A. Probably from 2005 to 2010 or '11,  
12 maybe.

13 Q. Fair to say from 2005 to 2011, you were  
14 a consultant physician for Ethicon?

15 A. Yes.

16 Q. Fair to say from 2005 to 2011, you  
17 would have signed a contract dictating the terms of  
18 your consulting agreement with Ethicon?

19 A. Yes.

20 Q. Fair to say that between the years 2005  
21 to 2011 you would have been under contract as a  
22 consultant for Ethicon?

23 A. Yes.

24 Q. Fair to say from 2005 to 2011 you would

1 have received payments from Ethicon in your role as  
2 a consultant physician?

3 A. When I did a proctoring event, I would,  
4 yes.

5 Q. Okay. So from 2005 to 2011, you got  
6 paid for each event that you did for Ethicon in  
7 your role as a consultant physician, correct?

8 A. Yes.

9 Q. When you were paid for these events,  
10 were you paid directly by Ethicon?

11 A. Yes.

12 Q. So Ethicon issued a check made out to  
13 Dr. Chris Ramsey, correct?

14 A. Right.

15 Q. As you sit here today, can you tell us  
16 the total amount that you were paid by Ethicon in  
17 your role as a consultant physician?

18 A. It would be a complete guess. I  
19 probably did maybe half observations, where they  
20 would pay me \$500 for an observation, where someone  
21 would come and watch me, and then the other half,  
22 maybe, you know, ten -- I think they would pay me  
23 \$1,500 for a proctor -- for actually proctoring,  
24 when I'd go on site and proctor the physician.

1 Q. Okay. I'm just trying to get the  
2 totality of your consulting --

3 A. Right.

4 Q. -- events.

5 Fifteen to 20 proctors -- proctorships.

6 How many observations?

7 A. Probably about half and half. So I  
8 would say probably close to \$20,000 total between  
9 those years, maybe 5,000 for the -- if I did ten  
10 observations, that's 5,000, right? And then, if I  
11 did ten proctor, that would be 15,000.

12 Q. Okay.

13 A. That's a complete, you know --

14 Q. Complete guess, right?

15 A. Well, it's accurate -- close, but. . .

16 Q. Yeah. Just want to focus on the  
17 events, not the payments. So 15 to 20 proctorship  
18 events for Ethicon in your role as a consultant  
19 physician, correct?

20 A. Right.

21 Q. How many observations?

22 A. Probably about ten.

23 Q. In addition to the 20 -- 15 to 20 --

24 A. No, no. That's total. So that's why I

1 said earlier ten proctor- -- ten observations and  
2 then maybe ten proctorships.

3 Q. How many times total do you think  
4 Ethicon paid you for an event?

5 A. Like I said, 15 to 20 times, probably.

6 Q. Did you ever serve on any advisory  
7 boards for Ethicon?

8 A. No. Not --

9 Q. No?

10 A. No.

11 Q. Ethicon ever ask you to serve on any  
12 advisory boards?

13 A. No.

14 Q. Ever serve on any product review  
15 committees --

16 A. No.

17 Q. -- for Ethicon?

18 A. No committees, no.

19 Q. Ethicon ever ask you to serve on any  
20 product review committees?

21 A. No.

22 Q. Ever serve on any product design  
23 committees for Ethicon?

24 A. No.

1 Q. Ever serve on any IFU committees for  
2 Ethicon?

3 A. No.

4 Q. Ethicon ever ask you to serve on any  
5 IFU committees?

6 A. No.

7 MR. MORIARTY: Objection.

8 Go ahead.

9 BY MR. JONES:

10 Q. Ethicon ever ask you to serve on any  
11 product design committees?

12 MR. MORIARTY: Objection.

13 Go ahead.

14 THE WITNESS: No.

15 BY MR. JONES:

16 Q. Sounds like -- is it fair to say for a  
17 six-year period you were a consultant physician for  
18 Ethicon?

19 A. Yes.

20 Q. And during that six-year period,  
21 Ethicon never approached you to serve on any  
22 advisory boards or product review committees,  
23 correct?

24 MR. MORIARTY: Objection.

1 THE WITNESS: Right, correct.

2 BY MR. JONES:

3 Q. Did they ever ask you -- did Ethicon  
4 ever ask you to provide input into drafting any  
5 IFUs?

6 A. No.

7 Q. Did Ethicon ever ask you to provide any  
8 input into assisting with any department at Ethicon  
9 in drafting IFUs?

10 A. No.

11 Q. Did Ethicon ever ask you to help design  
12 any of their mesh products?

13 A. No.

14 Q. Ethicon ever ask you to do a  
15 risk/benefit analysis on any of their mesh  
16 products?

17 A. No.

18 Q. When did you first become certified in  
19 urology, board certified?

20 A. Board certified in 2004, is when my  
21 board certification took place.

22 Q. When is the first time you put in a  
23 transvaginal mesh product?

24 A. Probably around 2000, in residency.

1 Q. When is the first time you put in a TVT  
2 mesh product?

3 A. Same time.

4 Q. TVT the first mesh you put in?

5 A. Uh-huh, yes.

6 Q. Ever use POP mesh, period?

7 A. No.

8 Q. Never?

9 A. Never.

10 Q. Always native tissue repair for POP?

11 A. I don't treat POP.

12 Q. You don't treat POP?

13 A. Huh-uh. In residency we did some  
14 cystocele repairs, and most of it were just Kelly  
15 plications.

16 Q. Okay. Since residency you've never  
17 treated pelvic organ prolapse, correct?

18 A. No.

19 Q. That's not correct?

20 A. No, that is correct. I'm sorry. I  
21 have not treated -- I have not treated pelvic organ  
22 prolapse. Thank you.

23 Q. Sorry. That's my fault.

24 What was the first mesh product you

1 used after your residency?

2 A. The TVT Retropubic.

3 Q. When is the first time you used TVT  
4 Retropubic as a practicing physician?

5 A. Probably 2002, when I was out of  
6 residency.

7 Q. 2004, you become board certified in  
8 urology, correct?

9 A. Correct.

10 Q. When did Ethicon first approach you to  
11 be a consultant for them?

12 A. Probably 2003. If -- probably around  
13 2005.

14 Q. Okay.

15 A. They wouldn't have -- too new in 2003.  
16 They probably wouldn't have asked me then.

17 Q. Because you weren't board certified in  
18 urology?

19 A. Well, I wasn't board certified. I just  
20 hadn't been as -- wasn't as experienced. I hadn't  
21 done as many at that point.

22 Q. How many had you done when they first  
23 approached you to be a consultant?

24 A. Around maybe 100 total, including TVT-O

1 and TVT Retropubic. I probably did -- I didn't do  
2 very many TVT Retropubics total, including in  
3 residency and private practice. So between 25 to  
4 50 Retropubics ever. And I haven't done one of  
5 those in several -- years.

6 Q. Okay. We'll get to that later.

7 A. Okay.

8 Q. At 2000- -- in 2005, you had implanted  
9 around 100 TVT mesh products, correct?

10 A. Correct.

11 Q. In 2005, Ethicon approached you to be a  
12 consultant physician for them, correct?

13 A. Right.

14 Q. So a year after you became board  
15 certified in urology, you were a consultant  
16 physician for Ethicon related to transvaginal mesh  
17 products, correct?

18 A. Repeat the question again.

19 Q. One year following -- a year after you  
20 became board certified in urology, you signed a  
21 contract to be a consultant physician for Ethicon  
22 related to transvaginal mesh products?

23 A. Probably.

24 Q. What percentage of your practice is

1 relating to treating males?

2 A. Now it's probably 70 percent.

3 Q. Currently 70 percent of your practice  
4 relates to treating males?

5 A. Yes.

6 Q. Do you know whether you're one of the  
7 most prolific users of the da Vinci robot system in  
8 the United States or not?

9 A. I think I am.

10 Q. What procedures do you use the da Vinci  
11 robot system for?

12 A. Prostatectomy, nephrectomy, partial  
13 nephrectomy, nephroureterectomy, pyeloplasty,  
14 ureteral reimplantation.

15 Q. Do any of those procedures relate to  
16 the treatment of females?

17 A. Yes.

18 Q. Which ones?

19 A. Pyeloplasty, nephrectomy, partial  
20 nephrectomy, nephroureterectomy, reimplantation,  
21 fistula.

22 Q. Any of those relate to treating stress  
23 urinary incontinence?

24 A. No.

1 Q. What percentage of your practice is  
2 related to performing surgeries with the da Vinci  
3 robot surgery or da Vinci robot device?

4 A. As far as my surgical practice,  
5 probably 40 to 50 percent.

6 Q. Half of your surgical practice --

7 A. Maybe not quite half. About 40  
8 percent.

9 Q. Forty percent of your surgical practice  
10 is related to use of the da Vinci robot system,  
11 correct?

12 A. Yes.

13 Q. So close to half of your surgical  
14 practice has nothing to do with stress urinary  
15 incontinence, correct?

16 A. Yes.

17 Q. Seventy percent of your practice does  
18 not relate to treating females, correct?

19 A. Yes.

20 Q. Do you use mesh today, transvaginal  
21 mesh?

22 A. Yes.

23 Q. What transvaginal mesh do you use  
24 currently?

1 A. Currently I'm using MiniArc-Precise.

2 Q. When is the last time you implanted a  
3 female patient with MiniArc-Precise?

4 A. Monday.

5 Q. When is the last time you used a  
6 Ethicon mesh product?

7 A. Probably 2013.

8 Q. Fair to say it's been over two years  
9 since you've used an Ethicon mesh product?

10 A. Yes.

11 Q. What was that product you used in  
12 2000 --

13 A. TTVT Abbrevo.

14 Q. Have you used TTVT Exact?

15 A. I've not.

16 Q. When is the last time you used TTVT-O?

17 A. 2013.

18 Q. You made a qualification earlier about  
19 your consulting work, whether it was related to  
20 mesh or not.

21 Have you done consulting work for  
22 Ethicon outside of transvaginal mesh?

23 A. Yes.

24 Q. Okay. Tell me more about it.

1           A.         The hand assist device that they --  
2         that they have, I've used in the past and helped  
3         train physicians for their hand-assisted  
4         nephrectomies, laparoscopic hand-assisted  
5         nephrectomies.

6           Q.         Okay.

7           A.         Lap-Disc.

8           Q.         Lap-Disc.

9           A.         And then I also use -- I think Ethicon  
10        does the Harmonic Scalpel. I'm pretty sure they  
11        do. So I've trained physicians on the Harmonic  
12       Scalpel, too. That's been a while.

13          Q.         What years?

14          A.         Probably 2003 until they didn't need me  
15        anymore, '05, probably, '06.

16          Q.         From 2003 to 2006, in addition to your  
17        consulting work for Ethicon related to transvaginal  
18       mesh, you also did consulting work on two other  
19       Ethicon mesh -- or two other -- on Ethicon -- two  
20       other Ethicon devices, correct?

21          A.         Yes.

22          Q.         Were you paid for that consulting work  
23        as well?

24          A.         Yes.

1 Q. Do you recall how much you were paid  
2 for that consulting work?

3 A. \$1,500, I think, for each case.

4 Q. Did you bring any records with you  
5 today that would indicate how much you've been paid  
6 by Ethicon?

7 A. I could not find many records. I  
8 brought one 1099, and I looked back in my records  
9 at home until 2006, and I couldn't find any other  
10 1099 forms. I'm sure they're around somewhere.

11 Q. Did you ask Ethicon?

12 A. I did not ask Ethicon. I asked my  
13 accountant, and he did not find any.

14 Q. Does your accountant know how much you  
15 have been paid by Ethicon?

16 A. I'm sure he does.

17 Q. Did you ask him?

18 A. I asked him to find the 1099s.

19 Q. You didn't ask him the amount, though?

20 A. No.

21 Q. If you did, he or she would know that  
22 amount pretty easily, though, correct?

23 A. I asked him to find the 1099s. He  
24 couldn't find them, so I don't know if he'd be able

1 to find them easily or not. Probably take some  
2 research and digging out. I'm not an accountant,  
3 so I don't know how he keeps his records.

4 Q. Fair enough. Fair enough.

5 A. Yeah, sorry.

6 Q. All right. I tried to do us both a  
7 favor. I premarked some exhibits for the record.

8 A. Okay.

9 (Whereupon Exhibit 1 was marked as an  
10 exhibit.)

11 BY MR. JONES:

12 Q. Exhibit 1 is the first amended notice  
13 to take your deposition. Only going to ask you a  
14 couple questions about this.

15 Have you seen this document before?

16 A. No.

17 Q. Okay.

18 MR. MORIARTY: Well, he's seen a  
19 version of the notice.

20 THE WITNESS: I haven't seen this one  
21 because there's names on here that I don't  
22 recognize.

23 BY MR. JONES:

24 Q. Got it. Turn to page 7.

1 A. (Witness complies.)

2 Q. Look under the heading "Schedule A."

3 A. Okay.

4 Q. Have you seen those before?

5 A. Yes.

6 Q. Okay. Did you bring your current CV  
7 with you today?

8 A. Yes.

9 Q. Do you have that?

10 MR. MORIARTY: Well, that was produced.

11 MR. JONES: Got it. Just want to make  
12 sure the one that was --

13 THE WITNESS: Yeah. It's up to date.

14 MR. JONES: Got it.

15 MR. MORIARTY: Obviously, Nate, there  
16 was a document filed with the Court objecting to  
17 the notice of depo, basically saying the CV's been  
18 produced, the --

19 MR. JONES: "We're not bringing  
20 anything."

21 MR. MORIARTY: -- the reliance list has  
22 been produced, et cetera.

23 MR. JONES: Got it. Got it. Okay.

24 BY MR. JONES:

1 Q. And turn to page 8.

2 A. Uh-huh.

3 Q. Under heading Number 9, 9(c), "Identify  
4 assumptions that Plaintiff's counsel provided you  
5 and that you relied on in forming your opinions."

6 Will you identify any assumptions that  
7 you're relying on in forming your opinions in this  
8 litigation?

9 MR. MORIARTY: Objection.

10 Go ahead and answer if you can.

11 THE WITNESS: I don't think that I've  
12 had any assumptions that counsel has given me to  
13 make my opinions. So I don't think there's  
14 anything to provide.

15 BY MR. JONES:

16 Q. Okay. Did you bring anything with you  
17 today?

18 A. I brought several boxes -- not all the  
19 boxes I have, but several boxes.

20 Q. Okay. You brought some of the boxes.

21 What are in those boxes?

22 A. The boxes that I have here relate to  
23 TVT and TVT-O and TVT-Secur, some internal records,  
24 studies that have been done on the procedures.

1 MR. JONES: Okay. We'll probably get  
2 into those tomorrow. It's under Exhibit 2.

3 I'm done with Exhibit 1.

4 (Whereupon Exhibit 2 was marked as an  
5 exhibit.)

6 BY MR. JONES:

7 Q. Doctor, is this your first deposition?

8 A. No.

9 Q. When have you been deposed before?

10 A. I was deposed in a suit where I was an  
11 expert for defense for a PSA case that did not go  
12 to court. I was deposed in --

13 Q. What's a PSA case?

14 A. Prostate-specific antigen, prostate  
15 cancer case.

16 Q. So you were an expert in a prostate  
17 matter, correct?

18 A. Correct.

19 Q. Did that case have anything to do with  
20 transvaginal mesh?

21 A. No.

22 Q. Does that case have anything to do with  
23 stress urinary incontinence?

24 A. No.

1 Q. It sounds like that case had nothing to  
2 do with women's health?

3 A. No.

4 Q. Any other depositions?

5 A. Deposition in a lawsuit against my  
6 partner and myself in a radical nephrectomy that  
7 had complications.

8 Q. Is that it?

9 A. As far as depositions?

10 And I was deposed in residency for a  
11 radial nerve injury or something like that.

12 And I was also deposed in a case where  
13 a patient had an accident in our office -- wasn't  
14 my patient -- and -- and so they deposed me in that  
15 case.

16 Q. How many times have you been sued for  
17 malpractice?

18 A. Once.

19 Q. When was that?

20 A. '05.

21 Q. What was that for?

22 A. That was for the radical nephrectomy  
23 case. I was an assistant.

24 Q. Do you know how many of your patients

1       that you've implanted transvaginal mesh with are  
2       currently plaintiffs in the MDL for transvaginal  
3       mesh in the United States District Court for West  
4       Virginia, Southern District?

5           A.       I don't know.

6           Q.       So you have no idea how many of your  
7       patients that you've implanted transvaginal mesh  
8       with currently have filed a lawsuit?

9           A.       No.

10          Q.       Have you ever attempted to figure that  
11       out?

12          A.       No.

13          Q.       Never made any effort to find out which  
14       one of your patients have filed lawsuits?

15          A.       It would be a research in futility to  
16       find that out.

17          Q.       That's a no, correct?

18          A.       That's a no.

19          Q.       Okay. Have you ever acted as a  
20       litigation expert witness prior to today?

21          A.       I've -- I've been a litigation expert  
22       witness in I think two other cases that I was never  
23       deposed -- in which I was never deposed.

24          Q.       What cases are those?

1           A.         They were two TVT cases, one in 2014  
2         and one in 2015.

3           Q.         Where were those cases?

4           A.         I'm not sure where they were. I was  
5         just asked to review charts and -- and medical  
6         records.

7           Q.         Do you remember the patients' name?

8           A.         One was -- and I may get this wrong,  
9         but Rabiola, I believe, R-a-b-i-o-l-a, Rabiola, and  
10       then there's a Williams. And I can't remember  
11       which one was 2014 or 2015.

12          Q.         Okay. Outside of those two cases, have  
13         you ever acted as a expert in any capacity,  
14         litigation expert witness in any capacity  
15         whatsoever?

16          A.         Just the PSA case.

17          Q.         What year was that, the PSA case?

18          A.         Maybe 2010.

19          Q.         Okay. Other than Ethicon asking you  
20         to act as a litigation expert witness starting  
21         in 2014, has any other transvaginal mesh company  
22         asked you to act as a litigation expert witness?

23          A.         No.

24          Q.         Has any other medical device company

1 other than Ethicon asked you to act as a expert in  
2 any capacity --

3 A. No.

4 Q. -- on --

5 A. Sorry.

6 Q. That's fine.

7 Other than Ethicon, has any medical  
8 device company asked you to act as an expert in any  
9 capacity, whether inside litigation or outside of  
10 litigation?

11 A. No.

12 Q. And that includes transvaginal mesh  
13 products, correct?

14 A. Yes.

15 Q. That includes medical devices for the  
16 treatment of stress urinary incontinence, correct?

17 A. Yes.

18 Q. Have you ever acted as a consultant  
19 physician for any other mesh companies besides  
20 Ethicon?

21 A. Say that one more time. I'm sorry.

22 Q. Have you acted as a consultant  
23 physician for a mesh company besides Ethicon?

24 A. Yes.

1 Q. Who?

2 A. AMS, and then Astora, when they became  
3 Astora.

4 Q. In addition to your consultant  
5 physician work you did for Ethicon, you also did  
6 consulting physician work for AMS as well, correct?

7 A. Yes.

8 Q. Other than AMS and Ethicon, any other  
9 mesh companies?

10 A. No.

11 Q. Okay. When did you start doing  
12 consulting work for AMS?

13 A. 2012. Maybe 2013. 2012 or 2013.

14 Q. Okay. In 2012 or 2013 you started  
15 performing consulting work for AMS, correct?

16 A. Yes.

17 Q. Related to transvaginal mesh, correct?

18 A. Yes.

19 Q. Are you still currently a consultant  
20 for AMS?

21 A. I don't think so. They've disbanded  
22 Astora, so if it is a consulting agreement, I think  
23 it's null and void now.

24 Q. Okay.

1 A. As of April 1st.

2 Q. When is the last contact you had with  
3 AMS or Astora?

4 A. At the beginning of March.

5 Q. March?

6 A. 2016.

7 Q. 2016. What was the nature of that  
8 contact?

9 A. To tell me that they were dissolving  
10 Astora.

11 Q. To tell you they were going to stop  
12 selling --

13 A. Yes.

14 Q. -- the mesh products?

15 A. Yes.

16 Q. You put in an AMS mesh product on  
17 Monday, correct?

18 A. Astora.

19 Q. Astora. Yeah. If I accidentally use  
20 "AMS" --

21 A. That's fine.

22 Q. -- and "Astora" interchangeably, you  
23 know what I'm saying.

24 All right. So you -- AMS or Astora

1        calls you in the beginning of March 2016 to notify  
2        you they would no longer be selling transvaginal  
3        mesh products, correct?

4            A.        Yes.

5            Q.        Just on Monday, you implanted a patient  
6        with an AMS or Astora transvaginal mesh product,  
7        correct?

8            A.        Yes.

9            Q.        When is AMS or Astora ceasing  
10      commercialization of their transvaginal mesh  
11      products?

12          A.        From my understanding, March 31st, they  
13      stopped distributing any -- any product.

14          Q.        So the product, that AMS or Astora  
15      transvaginal mesh product you put in on Monday, was  
16      already sold to the hospital, correct?

17          A.        Yes.

18          Q.        And it was sitting there already in the  
19      inventory, and that's why you were able to use it?

20          A.        Yes.

21          Q.        Okay. Are you going to still use the  
22      remaining inventory of AMS mesh products?

23          A.        Until they're gone.

24          Q.        Until they're gone?

1 A. Yes.

2 Q. Okay. I take it AMS, when they  
3 communicated to you in that phone -- was it a phone  
4 call?

5 A. Yes.

6 Q. AMS communicated to you in a phone  
7 call, I take it they stand by the safety of the AMS  
8 MiniArc-Precise, correct?

9 A. Yes.

10 Q. And that's why you feel comfortable  
11 still using it?

12 A. That, and because it works very well in  
13 my hands.

14 Q. Okay.

15 A. And, yes, it's very safe.

16 Q. Are there any differences between  
17 the mesh used by AMS and the mesh used by Ethicon  
18 in transvaginal mesh products?

19 A. Not that I'm aware of. There may be --  
20 well, so, yes, there are differences in pore sizes  
21 and I'm not sure about the width -- honestly, I  
22 don't know what the width of the MiniArc-Precise  
23 is. But in all intents and purposes in my clinical  
24 use, I consider it the same.

1 Q. You as a physician considered the mesh  
2 used by AMS and the mesh used by Ethicon the same,  
3 correct?

4 A. Yes.

5 Q. You do know that there is a difference  
6 in pore size, correct?

7 A. Yes.

8 Q. You know that the AMS meshes has larger  
9 pore size than the TVT mesh, correct?

10 A. I'm not certain. I don't know. I --  
11 I -- I don't know what the AMS mesh pore size is.  
12 I think the -- the TVT mesh is larger.

13 Q. Okay.

14 A. The mesh pore size is larger.

15 Q. It's your opinion as you sit here today  
16 that the TVT mesh has larger pores than the AMS --

17 A. Yes.

18 Q. -- products you use, correct?

19 A. Yes.

20 Q. Is there a difference in the weight of  
21 the mesh used in the --

22 A. I think --

23 Q. -- TVT devices and the AMS mesh that  
24 you've used?

1           A.         I think the mesh weight is, if not the  
2         same, very similar.

3           Q.         So you don't know whether the mesh used  
4         by AMS in the products you use is lighter than the  
5         mesh used by Ethicon in the TVT products, correct?

6           A.         I'm not certain of the exact weight of  
7         the --

8           Q.         You don't know whether it's less dense,  
9         correct?

10          A.         No.

11          Q.         Which -- is the mesh used by AMS softer  
12         than the mesh used by Ethicon in the TVT products?

13          A.         They've always felt very similar to me.

14          Q.         You can't ascertain any difference in  
15         the softness?

16          A.         No.

17          Q.         Can you ascertain any difference in the  
18         stiffness?

19          A.         No.

20          Q.         Can you ascertain any difference in the  
21         tensioning of the devices?

22          A.         I tension them the same. The TVT-Secur  
23         and the MiniArc-Precise, I tension the same.

24          Q.         How about the rest of the TVT products?

1           A.         The tensioning is different for the  
2       TVT-O and the TVT Retropubic than the TVT-Secur.

3           Q.         Okay. Explain that.

4           A.         The TVT Obturator and the TVT  
5       Retropubic require less tensioning than the  
6       TVT-Secur.

7           Q.         What do you mean by "less tensioning"?

8           A.         When I tension a TVT-O or a TVT-Secur,  
9       I actually use a clamp, a small clamp, to isolate  
10      about 10 millimeters of mesh so that when I pull  
11      the sheath off there's actually a gap between the  
12      mesh and the urethra.

13                  And when I do a TVT-Secur -- when I did  
14      a TVT-Secur and when I do a MiniArc-Precise, I do a  
15      tension-free tensioning, but it -- it is touching  
16      the urethra.

17           Q.         Okay.

18           A.         So there's no gap between the urethra  
19      and the mesh.

20           Q.         You place more tension on the mesh when  
21      you place a TVT-Secur than you do when you place a  
22      TVT Retropubic or TVT Obturator, correct?

23           A.         Correct.

24           Q.         Fair to say when you place a TVT-O or

1       TVT-R, there is less tension placed on the mesh  
2       than when you place a TVT-S?

3           A.       Yes.

4           Q.       Is there still -- have you seen in  
5       some documents, is there still a degree of  
6       tension placed on the mesh when you place a TVT  
7       Retropubic or a TVT Obturator?

8           A.       I don't think there's any tension on  
9       it. I think it lays right up against the urethra.  
10      You don't want tension on it to kink -- potentially  
11      kink the urethra and potentially cause an  
12      obstruction.

13       Q.       Okay. How about minimal tension?

14       A.       I wouldn't --

15           MR. MORIARTY: Object to form.

16           THE WITNESS: I wouldn't call it  
17      "minimal tension." I would call it still "tension  
18      free."

19      BY MR. JONES:

20       Q.       Would you disagree with Ethicon  
21      documents that instruct surgeons to place the mesh  
22      with minimal tension?

23           MR. MORIARTY: Objection. Form. Which  
24      mesh are you talking about?

1 BY MR. JONES:

2 Q. TVT-R, TVT-O.

3 MR. MORIARTY: Form.

4 THE WITNESS: Say that again, please.

5 BY MR. JONES:

6 Q. Would you disagree with a Ethicon  
7 document communicating to surgeons to place the  
8 TVT-O or TVT-R mesh with minimal tension?

9 A. I would say that is minimal tension.

10 Q. Okay. So you would agree with that?

11 A. Yes.

12 Q. AMS, is the mesh you use with AMS  
13 laser-cut or mechanical-cut mesh?

14 A. I believe it's laser cut, but I can't  
15 say that with 100 percent certainty.

16 Q. Are the edges of the mesh with AMS as  
17 compared to the edges in the mesh to the TVT  
18 products softer?

19 A. I think they're very similar.

20 Q. Softer at all?

21 A. Similar. The same.

22 Q. So you can't tell any difference in the  
23 edges of the mesh?

24 A. I have never noticed that when I've

1       been placing them in there.

2           Q.        Does the AMS mesh have a -- any product  
3        features that assist the physician in tensioning  
4       the mesh?

5           A.        Compared to the TVT-Secur?

6           Q.        Absolutely.

7           A.        I think that they're similar devices to  
8        help tension the mesh. So I think it's -- I think  
9       they're similar as far as tensioning.

10          Q.        Okay. As you sit here today, you can't  
11       list any mesh -- unique mesh characteristic of the  
12       AMS mesh that assists the surgeon in tensioning the  
13       mesh?

14          A.        Of the mesh itself? No. There's no --  
15       no difference in the mesh in its -- in tensioning.

16          Q.        No difference in any product design  
17       features that would affect tensioning of the mesh  
18       between AMS mesh and TVT mesh, correct?

19                   MR. MORIARTY: Objection. Are you just  
20       talking about mesh or tools?

21       BY MR. JONES:

22          Q.        Just the mesh.

23          A.        Not with the mesh. The mesh is --  
24       there's no difference between the mesh as far as

1 assisting me with tensioning one way or the other.

2 Q. Okay. All right. Let's get back to  
3 these exhibits.

4 Exhibit 2. Tell us what Exhibit 2 is,  
5 Doctor.

6 A. Looks like my general report, I  
7 believe.

8 Q. And this is your general expert report  
9 related to Wave 1 TVT cases, correct?

10 A. Yes.

11 Q. And you drafted this report, correct?

12 A. Yes.

13 Q. Did you type this report?

14 A. I dictated this report.

15 Q. And what do you mean by "dictated"?

16 A. I dictated it and someone else typed  
17 it.

18 Q. Okay. So these are your words?

19 A. Yes.

20 Q. How long did you spend drafting this  
21 report?

22 A. Oh, gosh. I -- I'd have to look back  
23 at my records to find out exactly how long, but  
24 more than ten hours --

1 Q. Okay.

2 A. -- probably.

3 Q. Put you down for more than ten hours --

4 A. Ten to 12 hours.

5 Q. -- ten to 12 hours drafting your expert  
6 general report, correct?

7 A. Yes.

8 Q. Okay. Are there any other general  
9 expert reports that we don't know about?

10 A. No.

11 Q. This is it?

12 A. Yes.

13 Q. The only one you drafted, correct?

14 A. Yes.

15 Q. What products does this general expert  
16 report that you drafted cover?

17 MR. MORIARTY: Objection.

18 Go ahead.

19 THE WITNESS: TVT Obturator, TTVT-Secur,  
20 and TTVT Retropubic are the ones I talk about in  
21 here.

22 BY MR. JONES:

23 Q. Okay. You mentioned earlier TTVT Exact.  
24 You haven't used TTVT Exact, correct?

1 A. Yes. That's correct.

2 Q. Are you going to be offering opinions  
3 in this litigation as to the safety of the TVT  
4 Exact?

5 A. Not that I know of.

6 Q. Okay. How about TVT Abbrevio?

7 A. Not that I know of.

8 Q. How about TVT-Secur?

9 A. Yes.

10 Q. TVT-R?

11 A. Yes.

12 Q. TVT-O?

13 A. Yes.

14 MR. JONES: All right. Exhibit 3.

15 (Whereupon Exhibit 3 was marked as an  
16 exhibit.)

17 BY MR. JONES:

18 Q. Take a look at that. Tell us what  
19 Exhibit 3 is.

20 A. This is my reliance list. And it's  
21 specifically for Cheryl Lankston, but I think it's  
22 basically the reliance list I've used for all my  
23 reports.

24 Q. Okay. And did you draft this reliance

1 list?

2 A. I assisted with the drafting of this  
3 list.

4 Q. Okay. How did you assist in drafting  
5 this list?

6 A. The -- the Ethicon lawyers helped me  
7 with -- with some -- some of this.

8 Q. Okay. What is your understanding of  
9 what's included in the reliance list --

10 A. These are --

11 Q. -- marked as Exhibit 3?

12 A. These are studies and documents that I  
13 used to make my list -- I'm sorry -- make my expert  
14 reports.

15 Q. How long did you spend reviewing the  
16 materials listed in your reliance list?

17 A. Oh, gosh. I continue to do it,  
18 continue to review them. But probably 30 or 40  
19 hours.

20 Q. You're continuing to review those  
21 materials, correct?

22 A. Yes.

23 Q. So, as of today, you have not reviewed  
24 every single one of the materials listed in your

1       reliance list, correct?

2           A.       I have reviewed all of them. I may not  
3       have read every single word in every one of them,  
4       but I've reviewed them and looked at them.

5           Q.       Every single one of the items listed on  
6       your reliance list --

7           A.       To the best of my knowledge.

8           Q.       -- marked as Exhibit 3, you have  
9       actually taken a look at and reviewed, correct?

10          A.       To the best of my knowledge.

11          Q.       Okay. And if it's not listed -- if an  
12       item is not listed on Exhibit 3, your reliance  
13       list, then it's an item that you have not reviewed  
14       in preparation for your report and your opinions in  
15       this case, correct?

16          A.       I probably have reviewed other things  
17       that are not on this list that -- that I have  
18       reviewed.

19          Q.       Okay.

20          A.       I cannot tell you the exact documents  
21       that I may have looked at.

22                   You know, for sure I've looked at  
23       Campbell's "Urology," other well-known -- excuse  
24       me -- books and volumes on urology.

1 Q. Anything stand out as something that  
2 doesn't appear in this reliance list as something  
3 you're going to be relying on for your opinions in  
4 this litigation that we're not going to know about  
5 that's not on this list?

6 A. Not off the top of my head.

7 Q. Okay.

8 MR. MORIARTY: Just for clarification,  
9 Nate, are you just talking about the general part  
10 or are you including the case-specific parts, too?

11 MR. JONES: General.

12 MR. MORIARTY: Okay.

13 BY MR. JONES:

14 Q. I assume case specific you also  
15 reviewed medical records as well?

16 A. Yes.

17 Q. And did you do any additional review  
18 for the case-specific portions?

19 A. Medical records? Or of documents  
20 relating just to the mesh in general?

21 Q. Well, let me break it up.

22 A. Medical records to me seem more  
23 specific to the individual case.

24 Q. Yeah. So in those case specific, where

1       you were offering causation opinions in the  
2       specific cases, you reviewed medical records as  
3       well?

4           A.       Yes.

5           Q.       And so if we look at the medical  
6       records you looked at and we look at the  
7       reliance list marked as Exhibit 3, that will  
8       represent the totality of materials that you're  
9       relying on for your opinions in this case?

10              MR. MORIARTY: Objection.

11              Go ahead.

12              THE WITNESS: I think for the most  
13       part, yes. And I'm -- you know, I'm not sure if  
14       there's other things out there that I've looked at  
15       that is not exactly on this, but --

16       BY MR. JONES:

17           Q.       Okay.

18           A.       -- for the most part this is pretty  
19       inclusive.

20           Q.       Okay. And if there are other things  
21       that you've looked at that you've decided not to  
22       include on this list, you will do your best to  
23       let counsel know that --

24           A.       Absolutely.

1 Q. -- and to share that information,  
2 correct?

3 A. Yes.

4 Q. Okay.

5 MR. MORIARTY: I think what I was  
6 getting at is that the case-specific parts may have  
7 evolved since these were produced, these reliance  
8 lists were produced, because depositions were taken  
9 after.

10 MR. JONES: Okay.

11 BY MR. JONES:

12 Q. What depositions have you reviewed?

13 MR. MORIARTY: Well --

14 THE WITNESS: I can't -- I can't tell  
15 you the names of them. I've reviewed most of the  
16 depositions from the expert witnesses on -- for the  
17 plaintiff on each one of the cases, and also the --  
18 most of the plaintiff ones that -- that I've been  
19 provided -- I'm sorry -- most of the defense expert  
20 witnesses, as well as the depositions from each one  
21 of the plaintiffs or their --

22 BY MR. JONES:

23 Q. Okay. Let me break it down.

24 Depositions, it sounds like you've

1 reviewed potentially the plaintiff?

2 A. Yes.

3 Q. You've reviewed depositions,  
4 potentially, of the plaintiff's expert witness?

5 A. Yes.

6 Q. As it relates to specific causation  
7 opinions or as it relates to that expert's general  
8 opinions?

9 A. Both.

10 Q. Both. And so you reviewed plaintiff  
11 depositions. You've reviewed expert witness  
12 depositions.

13 Have you reviewed any other  
14 depositions?

15 A. Depositions of treating physicians.

16 Q. Okay. Anything else?

17 A. Depositions of the plaintiff's either  
18 significant other or friend.

19 Q. Okay. Anything else?

20 A. Not that I can think of.

21 Q. Okay. Have you reviewed any of the  
22 prior trial testimony on the TVT product?

23 A. No trial testimony.

24 Q. Do you know who Piet Hinoul is?

1 A. No.

2 Q. Do you know who Catherine Beath is?

3 A. No.

4 Q. Do you know who Ming Chin is?

5 A. No.

6 Q. Do you know who Martin Weisberg is?

7 A. No.

8 Q. Do you know who Laura Angelini is?

9 A. No.

10 Q. Do you know who Aaron Kirkemo is?

11 A. No.

12 Q. Can you name a single medical director  
13 at Ethicon?

14 A. No.

15 Q. Can you name a single TVT design  
16 engineer at Ethicon?

17 A. I guess you can call Dr. Ulmsten a  
18 design engineer.

19 Q. Do you know who Dan Lamont is?

20 A. No.

21 Q. Do you know who Dan Smith is?

22 A. No.

23 Q. Do you know who designed the TVT-Secur?

24 A. No.

1 Q. Do you know who designed the TVT-O?

2 A. No.

3 Q. Have you reviewed any documents related  
4 to how long it took Ethicon to get TVT-O to market?

5 A. No, I have not.

6 Q. Have you reviewed any documents related  
7 to the internal risk assessments of TVT-O?

8 A. Not that I remember.

9 Q. Have you -- do you know what an FMEA  
10 is?

11 A. Can you tell me what the acronym is?

12 Q. Failure modes and effects analysis.

13 A. I've heard of that. I'm not very  
14 familiar with it.

15 Q. Not very familiar with it?

16 A. Not very familiar with it.

17 Q. Have you ever participated in one?

18 A. No.

19 Q. Have you ever been asked to participate  
20 in one?

21 A. No.

22 Q. Ethicon's never asked you to  
23 participate in an FMEA analysis?

24 A. No.

1 Q. Fair to say that your role as a  
2 consultant for Ethicon was solely limited to what  
3 you have described as proctor events?

4 A. Yes.

5 Q. Have you reviewed the internal  
6 complaint files related to TVT-O?

7 A. No.

8 Q. Have you reviewed the internal  
9 complaint files related to TVT-Secur?

10 A. No.

11 Q. Have you reviewed the internal  
12 complaint files related to TVT Retropubic?

13 A. No.

14 Q. Will you be offering opinions in this  
15 litigation related to the potential risk associated  
16 with the TVT products?

17 A. Yes.

18 Q. Will you be offering opinions in this  
19 litigation related to the complaint rates for the  
20 TVT products?

21 MR. MORIARTY: Objection. Form.

22 Go ahead.

23 THE WITNESS: I guess what do you mean  
24 by "complaint rates"?

1 BY MR. JONES:

2 Q. Complication rates?

3 A. Complication, yes.

4 Q. You will be offering opinions in this  
5 litigation related to the complication rates of the  
6 TVT products, correct?

7 A. Yes.

8 Q. The materials on your reliance list,  
9 did Ethicon provide you these materials?

10 A. They helped me with -- with this.

11 There are some that are known fairly well, but --  
12 but, yes, I did have help.

13 Q. Okay. How did you get the internal  
14 documents?

15 A. Oh, Ethicon gave me the internal  
16 documents.

17 Q. How did you get the medical literature?

18 A. Oh, from -- the medical literature?

19 Q. Yes.

20 A. Those are published in our medical  
21 journals.

22 Q. How did you get them?

23 A. By reading the journals, by going to  
24 conferences.

1 Q. Okay. Turn to page -- so you actually  
2 went and retrieved these articles listed in the  
3 medical --

4 A. So -- most of these were given to me,  
5 but I --

6 Q. Most of these were given to you by  
7 Ethicon?

8 A. -- but I knew what they -- I knew what  
9 a lot of them are.

10 Q. That's what I'm getting at --

11 A. Right.

12 Q. -- is how you actually physically got  
13 these.

14 A. Oh, they were given to me.

15 Q. Ethicon physically gave you these  
16 documents?

17 A. Well, my lawyers did.

18 Q. Ethicon's lawyers physically gave you  
19 these documents?

20 A. Yes.

21 Q. And they're the ones who decided which  
22 articles to give you, correct?

23 A. Not all of them, no.

24 Q. Sometimes you asked for some articles?

1 A. Yes.

2 Q. Which ones?

3 A. Gosh, I can't --

4 Q. As you sit here today, you can't name a  
5 single article?

6 A. I can't -- I can't name a single  
7 article that I asked for specifically.

8 Q. How about -- turn to the first page.

9 A. Uh-huh.

10 Q. I'll pick one out for you. This  
11 Abdel-Fattah, "Single-Incision Mini-Slings Versus  
12 Standard Midurethral Slings in Surgical Management  
13 of Female SUI: A Meta-analysis of Effectiveness  
14 and Complications," in "European Urology."

15 Do you see that listed on page 1?

16 A. Which one -- which one is that one?

17 Q. I just read it.

18 A. Yeah. Which one down the list? One,  
19 two, three, four, five -- five?

20 Q. Yeah.

21 A. Yeah. That's one that I've seen in  
22 some -- in the conferences in the past. I can't  
23 remember when.

24 Q. Okay.

1           A.         But I was -- the reason is I was very  
2           interested in the mini-slings, and that's what I  
3           did -- did a lot of.

4           Q.         Okay.

5           A.         Now that I look back here, some of the  
6           Tomaselli ones I had asked for.

7           Q.         Let me stop you. My question is, do  
8           you recognize the article I listed by the  
9           author Abdel-Fattah related to single-incision  
10          mini-slings versus standard midurethra slings and  
11          meta-analysis?

12          A.         Yes, I've seen that before.

13          Q.         Okay. Is that an article Ethicon  
14          provided to you or that you knew of before --

15          A.         I knew of it before, but they provided  
16          it to me.

17          Q.         Okay. And you knew of -- you were  
18          familiar with this article through your  
19          discussions with other surgeons; is that  
20          correct?

21          A.         Not with discussions with other  
22          surgeons. With conferences that I've gone to, the  
23          AUA.

24          Q.         What AUA conferences have you gone to?

1 A. I went to the one last year, the one  
2 in --

3 Q. San Diego?

4 A. No. That's this year.

5 Q. Okay.

6 A. -- New Orleans last year.

7 Q. Okay.

8 A. And then I think '05 was the one before  
9 that that I went to. So it's been a while since  
10 I've been to the AUA, but there are also sectional  
11 meetings. And I can't remember which one, you  
12 know, that I went to. That -- there's several of  
13 them.

14 Q. Do you plan on going to AUA this year?

15 A. Yes.

16 Q. You do? Will you be presenting  
17 anything at AUA?

18 A. No.

19 Q. Who is going to pay your way?

20 A. Me.

21 Q. Okay. Astora is not going to pay your  
22 way?

23 A. No.

24 (Reporter interruption for

1 clarification.)

2 MR. JONES: Astora.

3 BY MR. JONES:

4 Q. You won't be making any presentations  
5 at the AUA convention this year?

6 A. No.

7 Q. You're just going to participate --

8 A. CME, medical education.

9 Q. Okay.

10 MR. MORIARTY: We've been going about  
11 an hour. If anybody wants to get a bite to eat,  
12 you know --

13 MR. JONES: Let me finish this up.  
14 Like, five minutes.

15 MR. MORIARTY: Okay.

16 MR. JONES: This is really boring  
17 questioning on the AUA.

18 BY MR. JONES:

19 Q. You went last year to AUA --

20 A. Yes.

21 Q. -- in New Orleans?

22 A. Yes.

23 Q. Did you make any presentations?

24 A. No.

1 Q. Any presentations related to  
2 transvaginal mesh at the AUA conference in New  
3 Orleans stand out?

4 A. Oh -- no, nothing stands out. I mean,  
5 they had several that I went to. And they're all  
6 interesting and basically state-of-the-art, up-to-  
7 date information.

8 Q. Okay. But not a single presentation at  
9 last year's AUA national convention on transvaginal  
10 mesh stands out to you?

11 A. Not specifically.

12 Q. Okay. Is there a debate in the AUA as  
13 to the safety of transvaginal mesh?

14 A. No.

15 MR. MORIARTY: Objection. Form.

16 BY MR. JONES:

17 Q. There's no debate?

18 A. No debate that I'm aware of.

19 Q. That you're aware of?

20 A. No. No, sir.

21 MR. MORIARTY: I assume you're talking  
22 about slings, because that's what he's here to talk  
23 about?

24 MR. JONES: Yeah. Yeah.

1 BY MR. JONES:

2 Q. Is there any controversy in AUA related  
3 to the use of transvaginal mesh?

4 A. Not any controversy in the AUA, no.

5 Q. And there's no debate?

6 A. No debate of the safety. No debate,  
7 no.

8 Q. Is there any debate among -- in the AUA  
9 as to whether to use transvaginal mesh for  
10 treatment of SUI?

11 A. There's no -- there's no debate in --  
12 through the AUA of whether you should use or not  
13 use mesh. There's discussions about complications  
14 and how to best treat your patients, what are the  
15 best options, what are the alternatives, those type  
16 of things.

17 Q. Fair to say that part of the  
18 presentations that you went to at AUA last year  
19 involved discussion of complications associated  
20 with transvaginal mesh? Correct?

21 A. Yes.

22 Q. Those presentations included  
23 discussions about the permanency of transvaginal  
24 mesh complications, correct?

1           A.         They discussed complications of -- of  
2         transvaginal mesh.

3           Q.         And they discussed at AUA that those  
4         complications can be permanent, correct?

5           A.         Any complication from any surgery can  
6         be permanent. So yes.

7           Q.         Yes. They discussed that the  
8         complications associated with transvaginal mesh for  
9         SUI could be life altering, correct?

10              MR. MORIARTY: Objection.

11              Go ahead.

12              THE WITNESS: They discussed how rare  
13         it is for it to become life altering.

14         BY MR. JONES:

15              Q.         I didn't ask you anything about the  
16         frequency. I just asked if they were discussed or  
17         not.

18              A.         It was discussed, yes.

19              MR. JONES: Move to strike the  
20         unresponsive portion.

21         BY MR. JONES:

22              Q.         Okay. So this Abdel-Fattah article,  
23         that's an article that you were familiar with prior  
24         to this litigation -- prior to you becoming

1 involved in this litigation, correct?

2 A. Vaguely familiar with it, yeah. It's  
3 an article that I've read in the past. I mean,  
4 that's --

5 Q. Okay.

6 A. -- what I can say.

7 I can't quote you and tell you exactly  
8 what it is. I'd have to look at it again.

9 Q. Is a meta-analysis a high level of  
10 evidence?

11 A. I believe it is, yes.

12 Q. What is a meta-analysis?

13 A. They're looking at several -- several  
14 different -- several different review papers and  
15 randomized controlled studies and looking at all of  
16 them together to see what the general safety --  
17 safety and efficacy of a certain product may be, or  
18 certain surgery.

19 Q. And do you -- when you reviewed this  
20 article -- do you normally review the conflict of  
21 interest statement?

22 A. I -- I'm sure I notice them. I'm sure  
23 I noticed them.

24 Q. It's part of your normal routine when

1       you read a medical journal article to review the  
2       conflict of interest statement, correct?

3           A.       Yes.

4           Q.       Why is that?

5           A.       Because it's important to see if  
6       someone does have some type of conflict of interest  
7       associated with a company or drug or -- or device,  
8       to see if there could be potential bias.

9           Q.       And the reason why it's important to  
10      disclose that is so that the reader can make a  
11      determination for themselves whether there's a  
12      potential conflict of interest, correct?

13          A.       Correct.

14          Q.       And the author -- or the individual  
15      with the perceived potential conflict of interest  
16      should err on the side of caution when deciding  
17      whether to disclose any potential conflict of  
18      interest, correct?

19                   MR. MORIARTY: Objection.

20                   Go ahead.

21                   THE WITNESS: Yes.

22          BY MR. JONES:

23          Q.       And have you ever written any published  
24      medical literature?

1           A.         It's in my CV. It's been a while since  
2 I've written one.

3           Q.         Okay. Have you ever disclosed a  
4 conflict -- have you ever made a conflict of  
5 interest statement?

6           A.         I didn't have to. Because I did not  
7 have a conflict of interest with the published  
8 articles I've --

9           Q.         I've noticed in some of the materials  
10 that you used for -- in your role as a consultant  
11 for Ethicon, there's a conflict of interest  
12 disclosure.

13                  Do you recall that?

14           A.         If -- for myself?

15           Q.         Yes.

16           A.         I honestly can't remember what I wrote.

17           Q.         Okay. When you gave presentations for  
18 Ethicon as a consultant, did you tell the doctors  
19 that you were being paid by Ethicon?

20           A.         Yes. Yes.

21                  Again, the presentations that I had  
22 were proctoring. I did not do dinner  
23 presentations. I didn't do really formal  
24 presentations that would require me, to a large

1 group of people, tell that.

2 So the people that I was assisting and  
3 proctoring knew that I was being paid.

4 Q. Okay. How about your patients? Did  
5 you tell your patients -- do you tell your patients  
6 that you're a consultant for Ethicon?

7 A. No.

8 Q. Do you tell your patients you're a  
9 consultant for AMS or Astora?

10 A. No.

11 Q. Have you ever told a single patient  
12 that you are a consultant for Ethicon?

13 A. Yes, I'm sure I have.

14 Q. Okay. When?

15 A. Randomly.

16 Q. Okay. Randomly?

17 A. Yeah. It's not something that I would  
18 typically do.

19 Q. Not something that's typically part of  
20 your practice to disclose to your patients that  
21 you're a consultant with companies, correct?

22 A. Correct.

23 Q. Do you tell your da Vinci robot  
24 patients that you're a consultant for the company

1       that designs and markets the da Vinci robot system?

2           A.       Occasionally.

3           Q.       Occasionally. Is it part of your  
4       normal routine to do that?

5           A.       No.

6           Q.       Do you do the AUGS statement to your  
7       patients?

8           A.       The AUGS statement is posted in all of  
9       our rooms. So I don't give it to them, but it's  
10      available. And I -- in all of our rooms.

11          Q.       It's posted -- the -- you posted the  
12      AUGS statement in all of your rooms in your office?

13          A.       The AUGS and AUA statements.

14          Q.       Okay. In all of the rooms in your  
15      clinic, correct?

16          A.       Yes.

17          Q.       In all the rooms in your hospital?

18          A.       No, not in the hospital.

19          Q.       Just your clinic --

20          A.       Yes.

21          Q.       -- where you work, where you practice?

22          A.       Yes.

23          Q.       You put up the AUGS and the AUA  
24      position statement in every room?

1 A. Yes.

2 Q. Okay. Have you put any other materials  
3 up in every room?

4 A. Yes.

5 Q. Okay. What else?

6 A. Oh, we put up information about  
7 erectile dysfunction. We put up information about  
8 different treatments for prostate cancer.

9 Q. Well, I'm going to limit it to  
10 information related to transvaginal mesh.

11 Other than the AUGS statement and the  
12 AUA statement that you place in every room in your  
13 clinic -- on the wall, I suppose?

14 A. Yes. On, yeah, the cabinet.

15 Q. Other than the AUGS statement and the  
16 AUA statement that you put up on the wall in every  
17 room in your clinic, do you post any other  
18 materials related to transvaginal mesh?

19 A. There are brochures. Patient brochures  
20 are -- not in every single room; they're in the  
21 halls -- hallways, that type -- I think you're  
22 asking about --

23 Q. Patient brochures from the companies?

24 A. All -- several different companies.

1 Q. Which companies? Ethicon?

2 A. Ethicon.

3 Q. AMS?

4 A. AMS. And then I think we may have  
5 Boston. I'm -- some of my other partners use  
6 different ones. I'm not really sure what they use.  
7 So they'll -- they'll have their brochures there as  
8 well.

9 Q. Okay. Other than the AUGS statement,  
10 the AUA statement, and mesh company patient  
11 brochures, do you place anything up on the walls in  
12 your office related to transvaginal mesh?

13 A. No.

14 MR. JONES: Okay. I think we can take  
15 a break.

16 (Brief recess.)

17 BY MR. JONES:

18 Q. Okay, Doctor, after a short break, are  
19 you ready to proceed?

20 A. Yes.

21 Q. Do you currently treat mesh  
22 complications?

23 A. Yes.

24 Q. What percentage of your practice

1 relates to treating mesh complications?

2 A. A very small amount, less than 1  
3 percent.

4 Q. Do you perform mesh removal surgeries?

5 A. Yes.

6 Q. How many have you performed?

7 A. Maybe -- total? Maybe 20.

8 Q. You've performed a total of 20 mesh  
9 removal surgeries, correct?

10 A. About 20.

11 Q. What percentage of those were Ethicon  
12 mesh products?

13 MR. MORIARTY: Objection.

14 If you know.

15 THE WITNESS: Oh, yeah, gosh. Eighty  
16 percent.

17 BY MR. JONES:

18 Q. Eighty percent of the mesh removal  
19 surgeries you performed have been Ethicon mesh  
20 products, correct?

21 A. Yes.

22 Q. Were those your own patients, or were  
23 those patients that were referred to you?

24 A. Mostly my own.

1           Q.         Which physicians refer patients to you  
2         to treat mesh complications?

3           A.         I honestly don't know. I've not had  
4         anybody refer their own complications to me.

5           Q.         Okay.

6           A.         I've had maybe -- a couple GYNs refer  
7         patients of theirs that they noticed had mesh  
8         complications to me, but I don't -- I don't recall  
9         the specific physicians.

10          Q.         And those surgeons currently are  
11         referring you patients specifically to treat mesh  
12         complications, correct?

13          A.         Well, not specific -- that's part of  
14         what they refer, that -- they're just -- the  
15         physicians refer to me most of their patients  
16         anyway for whatever GYN issue that they want me to  
17         treat.

18                   So if they have a patient that comes to  
19         see them and they may have had a mesh put in by  
20         somebody else, a sling put in by somebody else, and  
21         there's an issue, then they'll send them to me.

22          Q.         Okay.

23          A.         Doesn't happen very often.

24          Q.         Doesn't happen very often?

1 A. No.

2 Q. Do you consider that a -- treating mesh  
3 complications a specialty of your clinical  
4 practice?

5 A. It's -- it's a specialty of what I do.  
6 It's not something that I concentrate on, I guess  
7 is what I would say.

8 Q. It's not a concentration of your  
9 clinical practice?

10 A. Yes. Correct.

11 Q. Treating mesh complications is not a  
12 concentration of your clinical practice, correct?

13 A. Yes.

14 Q. The overwhelming vast majority of your  
15 practice relates to treating males, correct?

16 MR. MORIARTY: Objection.

17 THE WITNESS: Seventy percent, yes.

18 BY MR. JONES:

19 Q. And the main concentration area of your  
20 clinical practice relates to treating males,  
21 correct?

22 A. Yes.

23 Q. And the bulk of your experience as a  
24 urologist is in treating males, correct?

1           A.         I would disagree with that. I --  
2           that's -- I'm talking about presently what I  
3           concentrate on. So the bulk of my practice in its  
4           entirety, I wouldn't say is -- is mostly male.

5           Q.         Well, certainly it's fair that the bulk  
6           of your practice as a urologist has not been  
7           focused on the treatment of women with stress  
8           urinary incontinence, correct?

9           A.         I would say that at a time that was a  
10          significant portion of my practice. It's not as  
11          much anymore. But during -- during the time -- you  
12          know, from '05 to probably within, you know, 2012  
13          or so, it was a pretty significant portion of what  
14          I do.

15                  It still is a -- females are still a  
16          significant portion of what I do directly with  
17          stress incontinence. Those are the -- most of the  
18          women I deal with are mostly stress incontinence,  
19          unless it's -- someone has a kidney stone, which is  
20          pretty 50/50. I'll see those patients, too. You  
21          know, they can be male or female.

22                  But that's over the entirety of my  
23          practice. So today it's mostly towards men.

24           Q.         Okay. And here's -- I think I asked,

1       the bulk of your practice as a whole has not been  
2       devoted to treating women with stress urinary  
3       incontinence, correct?

4                    MR. MORIARTY: Objection. Asked and  
5       answered.

6                    But go ahead.

7                    THE WITNESS: No, I wouldn't agree with  
8       that. As a whole, I've done a lot of slings. I've  
9       done almost as many sling procedures as I've done  
10      prostate or robot surgeries, you know. So I  
11      would -- I would consider the sling surgeries that  
12      I do to be a pretty significant portion of -- of my  
13      overall practice.

14     BY MR. JONES:

15     Q.        What years -- tell me, then, what years  
16       of your practice where over half of your clinical  
17       practice related to the treatment of stress urinary  
18       incontinence in women with transvaginal mesh.

19     A.        I probably never had half -- over half  
20       of my practice with stress incontinence.

21     Q.        Okay.

22     A.        I would say probably a third of my  
23       practice overall is stress incontinence.

24     Q.        Men or women, though, correct?

1           A.         No. Women. Specifically women. I'm  
2         sorry. There are men with stress incontinence I  
3         deal with, but --

4           Q.         But never over half, correct?

5           A.         Never over half of my practice being  
6         female stress incontinence? No.

7           Q.         Not a single year as -- that you've  
8         been a practicing urologist has over half of your  
9         practice related to treating women with stress  
10        urinary incontinence, correct?

11          A.         That's correct.

12          Q.         Do you hold yourself out in any regard  
13         in the medical community as an expert in treating  
14         mesh complications?

15          A.         I don't try to advertise myself as a  
16         doctor who treats mesh complications. I would say  
17         that I'm an expert at treating mesh complications.

18          Q.         Have you referred patients suffering  
19         from mesh complications to any other surgeons?

20          A.         Yes.

21          Q.         Who?

22          A.         I usually send them to Vanderbilt.

23          Q.         Who at Vanderbilt?

24          A.         Dr. Demkowski, and I'm not certain --

1 he's not practicing as much anymore. I'm not  
2 certain who --

3 Q. Okay.

4 A. -- the new lady is.

5 Q. Fair to say, though, that --

6 A. And I've sent two, is what I remember.

7 Q. Okay. Fair to say that you've sent  
8 patients to Vanderbilt who have been suffering from  
9 mesh complications, correct?

10 A. Yes.

11 Q. And the reason you sent them to  
12 Vanderbilt was to receive additional treatment,  
13 correct?

14 A. Yes.

15 Q. And you believed, sending them to  
16 Vanderbilt, they would receive treatment that may  
17 be able to alleviate their symptoms, correct?

18 A. Yes.

19 Q. Related to their mesh complications,  
20 correct?

21 A. Yes.

22 Q. And for whatever reason you felt that  
23 the physicians at Vanderbilt would be able to  
24 provide those particular patients treatment --

1 additional treatment than you were able to offer to  
2 those patients, correct?

3 A. That I was unable to offer them.

4 Q. That you were unable to offer them?

5 A. Yes.

6 Q. Fair to say, then, that when it comes  
7 to treating mesh complications, Vanderbilt is able  
8 to offer certain treatments that you're unable to  
9 offer, correct?

10 A. I agree.

11 Q. And those treatments would be related  
12 to surgical treatments for mesh complications that  
13 may potentially alleviate those mesh complications,  
14 correct?

15 A. Yes.

16 Q. Fair to say that within the last four  
17 years your use of transvaginal mesh has decreased?

18 A. Maybe a little bit. I've probably put  
19 in 50 a year over the last four years.

20 Q. Prior to 2012 you were placing more  
21 than 50 slings a year, correct?

22 A. Probably more like 75.

23 Q. So in the last four years your use of  
24 transvaginal mesh has decreased by almost a third,

1 correct?

2 A. Yes.

3 Q. Starting in 2012 -- well, when is the  
4 last time you acted as a consultant physician for  
5 Ethicon?

6 A. I think I answered that earlier, but I  
7 think it was 2011.

8 Q. Okay. And at about the same time as  
9 you stopped acting as a consultant physician for  
10 Ethicon, your use of transvaginal mesh also  
11 decreased, correct?

12 A. Probably -- no. Probably not right  
13 away. The next year, probably.

14 Q. Okay. All right.

15 I got you as ten to 12 hours for  
16 drafting the general report?

17 A. Uh-huh, yes.

18 Q. I've got 30 to 40 hours in reviewing  
19 materials that would support your opinions that  
20 you've expressed in your general report?

21 A. Best guess, but that's also reviewing  
22 materials for case-specific reports, too.

23 Q. Okay. So ten to 12 hours drafting the  
24 report; 30 to 40 hours total reviewing materials.

1       Correct?

2           A.       Up to the -- up to the review of my --  
3       up to the writing of my general report. Since then  
4       I've done --

5           Q.       Okay.

6           A.       -- more.

7           Q.       Forty to 50 hours reviewing materials  
8       in total prior to issuing your general report,  
9       correct?

10          A.       Right.

11          Q.       How many hours spent reviewing  
12       materials since then?

13          A.       I've -- including -- yeah, probably 70  
14       hours, 60 or 70 hours.

15          Q.       Sixty to 70 hours since issuing your  
16       report of your --

17          A.       Just over the last two weeks. That's  
18       why I'm tired.

19          Q.       I get it.

20                   How many hours spent drafting your  
21       case-specific reports?

22                   MR. MORIARTY: Objection. We've got  
23       invoices for those. So at the appropriate time we  
24       can get those out.

1 BY MR. JONES:

2 Q. Okay. How about this? Did you bill  
3 Ethicon for all the time you spent working on this  
4 case -- these cases?

5 A. Not all the time, not yet, no.

6 Q. So that's what I want to know. I want  
7 to know your total time. I don't want to know what  
8 you've billed for. So that's why I don't care  
9 about the invoices right now.

10 A. My total time? Ninety-five or 100  
11 hours.

12 Q. Ninety-five to 100 total hours you've  
13 spent reviewing materials and drafting your  
14 reports --

15 A. Everything related to --

16 Q. Everything?

17 A. Everything.

18 Q. Ninety-five to 100 hours spent on all  
19 the work you've done for Ethicon as an expert  
20 witness for transvaginal mesh, for these wave  
21 cases?

22 A. For these wave cases, yes.

23 Q. Excluding the two prior cases --

24 A. Right.

1 Q. -- in 2013 -- or '14 --

2 A. '15.

3 Q. -- one of which is the Rabiola case?

4 A. Uh-huh.

5 Q. So if we exclude those cases and we  
6 focus on what today's deposition is covering and  
7 tomorrow will be covering, 95 to 100 hours total?

8 A. Yes.

9 Q. And that includes drafting the reports,  
10 correct?

11 A. Yes.

12 Q. That includes looking at medical  
13 literature, correct?

14 A. Yes.

15 Q. That includes looking at medical  
16 records, correct?

17 A. Yes.

18 Q. That includes reviewing depositions of  
19 the plaintiffs?

20 A. Yes.

21 Q. That includes reviewing depositions of  
22 the treating physicians?

23 A. Yes.

24 Q. That includes reviewing depositions of

1       the expert witnesses?

2           A.       Yes.

3           Q.       And that includes -- well, how many  
4       internal documents do you think you reviewed?

5           A.       Hundreds.

6           Q.       Hundreds?

7           A.       (Witness moves head up and down.)

8           Q.       Okay. And that includes reviewing  
9       those internal documents?

10          A.       Yes.

11          Q.       Okay. How about expert reports?

12          A.       Yes.

13          Q.       You reviewed -- that includes reviewing  
14       other expert reports?

15          A.       (Witness moves head up and down.)

16          Q.       Who -- what other expert reports did  
17       you review?

18          A.       I can't name the names of them. Again,  
19       it's the experts for the four to six cases that  
20       were given to me. And I know two of them I had  
21       already prepared for before. They were not going  
22       to be within what I've -- what I'm doing now. So  
23       they're -- that's out of the picture now. But it's  
24       numerous expert reports.

1 Q. Okay. Got it.

2 When did Ethicon first contact you  
3 either directly or through their attorneys to ask  
4 you about being an expert witness in this  
5 litigation?

6 A. This wave or --

7 Q. This wave.

8 A. -- originally?

9 Q. Good question. Thanks.

10 When did Ethicon first contact you  
11 either directly or through their attorneys to act  
12 as an expert witness in Ethicon Wave 1 TVT cases?

13 A. Okay. So not including Rabiola?

14 Q. Correct.

15 A. So I think probably August or  
16 September.

17 Q. Of 2000--

18 A. 2015.

19 Q. August 2015, potentially September 2015  
20 is the first time Ethicon contacts you in  
21 relationship to acting as an expert in the wave,  
22 correct?

23 A. Yes.

24 Q. And at that point did you agree?

1 A. Yes.

2 Q. And how many cases did you -- did they  
3 ask you to work on at that point?

4 A. Six.

5 Q. Did they say, "Dr. Ramsey, we have six  
6 cases we would like you to look at, and we would  
7 also like you to weigh in on the general safety and  
8 warning statements that accompany the TVT-R, TVT-O,  
9 and TTV-S"? Correct?

10 A. Specifically the TTV-O and TTV-S --

11 Q. Okay.

12 A. -- but yes.

13 Q. And at that point you agreed to do  
14 that, correct?

15 A. Yes.

16 Q. And in each of those six cases that  
17 Ethicon asked you to review, have you made  
18 conclusions in each of those six cases?

19 A. At least four of them.

20 Q. Okay. In the four out of six cases  
21 that you've made conclusions in, where you're  
22 acting as an expert for Ethicon, have you ever  
23 concluded that the mesh played any role whatsoever  
24 in the alleged injuries?

1 MR. MORIARTY: Objection. Form and  
2 otherwise.

3 Go ahead and answer.

4 THE WITNESS: No.

5 BY MR. JONES:

6 Q. No. So every case you've looked at,  
7 you've determined that mesh is not the cause or a  
8 cause of any of the alleged injuries, correct?

9 A. Correct.

10 Q. How about the other two cases that you  
11 haven't made conclusions on?

12 A. I can't remember which -- I can't  
13 remember what -- even the specifics of those right  
14 now.

15 MR. MORIARTY: Some of those cases went  
16 to stand down.

17 MR. JONES: Okay. Stand down.

18 BY MR. JONES:

19 Q. The -- how about the two cases from --  
20 how about Rabiola? What did you conclude in that  
21 case?

22 A. Again, the details elude me at this  
23 point.

24 Q. Okay. Do you remember what products

1       are at issue in the Rabiola case?

2           A.       I think it was TVT-Secur was in that  
3       case.

4           Q.       Okay.

5           A.       I think most of the things I've looked  
6       at -- all the things I've looked at are TVT-Secur.

7           Q.       Okay. And is that because you feel  
8       like you have the most experience with TVT-Secur  
9       than other Ethicon mesh products?

10          A.       I have more experience with that, yes.

11          Q.       Okay. You have more experience with  
12       the TVT-Secur product than any other mesh device,  
13       correct?

14          A.       Yes.

15          Q.       You have more experience with TVT-Secur  
16       than any other Ethicon mesh device, correct?

17          A.       Yes.

18          Q.       And fair to say that the majority of  
19       the review you've done as a expert witness in  
20       litigation has been related to the TVT-Secur  
21       product?

22          A.       The majority of the review that I've  
23       done for case specifics, yes.

24          Q.       Okay. And is that because you feel

1 like you have -- as -- more expertise with  
2 TVT-Secur than you do with TVT-R?

3 MR. MORIARTY: Objection. Form.

4 THE WITNESS: Yes.

5 BY MR. JONES:

6 Q. Do you have more expertise with  
7 TVT-Secur than you do with TVT-O?

8 A. Close. But I've done more cases with  
9 TVT-S.

10 Q. Fair to say that you have more  
11 expertise in TVT-Secur than any other Ethicon mesh  
12 product?

13 A. Yes.

14 Q. More expertise in TVT-Secur than any  
15 other mesh product, period, correct?

16 A. Yes.

17 Q. And fair to say that when you offer  
18 opinions related to the TVT Obturator that you will  
19 be relying on your experience and expertise with  
20 TVT-Secur, correct?

21 A. No. It's with my experience with  
22 TVT-O.

23 Q. Okay. So when you offer an opinion  
24 with the TVT Obturator, you're not going to rely on

1       your experience or expertise with TVT-Secur  
2       whatsoever, correct?

3           A.        I think that the -- so -- I guess I  
4       don't understand the question.

5           Q.        Okay. Here's what I want to know.

6       Does -- well, first, ask this -- answer this: Is  
7       there any difference in the mesh characteristics  
8       used in the TVT-O as compared to the TTV-Secur?

9           A.        Not the mesh characteristics other than  
10      maybe length.

11          Q.        Okay. But the mesh design is the same,  
12      correct?

13          A.        Yes, correct.

14          Q.        The mesh density is the same?

15          A.        Yes.

16          Q.        The mesh pore size is the same?

17          A.        Yes.

18          Q.        The mesh weave is the same?

19          A.        Yes.

20          Q.        The stiffness is the same?

21          A.        Yes.

22          Q.        The antioxidants are the same?

23          A.        Yes.

24          Q.        The material's the same?

1 A. Yes.

2 Q. Okay. And when you offer an opinion as  
3 to the safety of the mesh used in the TTVT-O, will  
4 you be relying on -- at all on your experience and  
5 expertise with the mesh used in the TTVT-Secur?

6 A. Specifically with TTVT-O, I'll be  
7 relying on my experience with TTVT-O.

8 Q. Okay. Will be you relying on your 400  
9 TTVT-Securs that you put in when you offer opinions  
10 on TTVT-O?

11 A. Yes, I will.

12 Q. Okay. Will you be relying on safety  
13 data on TTVT-Secur and TTVT-Secur mesh when you're  
14 giving opinions on TTVT-O?

15 A. Yes.

16 Q. Will you be relying on safety  
17 assessments by Ethicon on TTVT-Secur and the mesh  
18 used in TTVT-Secur when you're giving opinions on  
19 TTVT-O?

20 A. Yes.

21 Q. Same for deposition testimony?

22 A. Yes.

23 Q. Okay. Same for medical literature?

24 A. Yes.

1 Q. Have you ever performed the Burch  
2 procedure?

3 A. No.

4 Q. You have not?

5 A. No.

6 Q. How about --

7 A. I've probably assisted in residency,  
8 but I've never performed one as a primary surgeon.

9 Q. How about biologics mesh? Have you  
10 ever used it?

11 A. Is that a brand name, "Biologics"?

12 Q. Any nonsynthetic material, whether it  
13 be animal material, human tissue. Yeah, have you  
14 used pubovaginal slings?

15 A. Yes. I guess I wouldn't call those  
16 mesh, but. . .

17 Q. Okay. Now we're getting into  
18 semantics.

19 Have you used mesh that isn't made from  
20 polypropylene?

21 A. No.

22 Q. Okay. So you haven't used animal  
23 tissue mesh, correct?

24 A. That's, again, semantics, I guess.

1 Q. Okay. Tell me --

2 A. So -- so mesh I consider as a -- is  
3 a -- how do I put that? Mesh is a synthetic  
4 material, is how I would look at that. And I would  
5 call porcine or cadaveric or autologous -- I would  
6 call that "graft material" as opposed to "mesh."

7 Q. Awesome. So have you used graft  
8 material --

9 A. Yes.

10 Q. -- in the treatment of SUI?

11 A. Yes.

12 Q. And what graft devices have you  
13 used?

14 A. Porcine. I've used cadaveric tissue.  
15 I've used autologous fascia. Those are the ones  
16 that I can --

17 Q. You've used them all?

18 A. -- think of.

19 Yes.

20 Q. What specific product names have you  
21 used?

22 A. I did quite a few bone anchors before I  
23 started using TVT-O. I did probably mostly bone  
24 anchor with porcine or cadaveric tissue. Probably

1 mostly cadaveric tissue.

2 Q. When is the last time you used a graft  
3 material for treatment of SUI?

4 A. Before 2005.

5 Q. Since 2005, what surgical treatments  
6 have you done for stress urinary incontinence  
7 besides synthetic mesh?

8 A. Specifically in women?

9 Q. Women, yes.

10 A. Synthetic slings.

11 Q. None besides synthetic slings, correct?

12 A. Correct.

13 Q. How about in males?

14 A. Artificial urinary sphincter. I've put  
15 in a few slings in -- in men as well.

16 Q. Synthetic slings?

17 A. Yes.

18 Q. Or grafts?

19 A. Synthetic slings.

20 Q. Since 2005, have you used grafts at  
21 all?

22 A. For stress urinary incontinence in  
23 women, no. I'm trying to think if I've used grafts  
24 as far as -- technically, grafts for anything else.

1       But for stress urinary incontinence in women, no.

2           Q.        Right. You're the one that made the  
3       distinction, so now I'm curious.

4           A.        So I've used mesh -- a synthetic  
5       Gore-Tex mesh in Peyronie's disease, which is a  
6       disease of the penis, to help straighten the penis  
7       out. So I've used that.

8           Q.        What about grafts, though?

9           A.        I've used autologous grafts in  
10      Peyronie's disease as well, such as a penile  
11      foreskin graft. That's a -- that's an autologous  
12      graft in that type of treatment.

13          Q.        So you've used -- you have used graft  
14      materials inside the human body since 2005?

15          A.        And recently I -- I -- I've used a  
16      placental membrane called AmnioFix, which basically  
17      are stem cells. And I've used that in fistula  
18      repairs, and I've used it with prostatectomies in  
19      nerve-sparing procedures.

20          Q.        Okay. And what's the name of that  
21      product?

22          A.        AmnioFix, A-m-n-i-o-F-i-x.

23          Q.        When was that product first marketed?

24          A.        Oh, it's been out -- I first heard of

1 it in 2013, but I didn't start using it until last  
2 year.

3 Q. And did you perform a literature review  
4 on that product before using it?

5 A. Yes.

6 Q. And what literature was available on  
7 that product prior to using it?

8 A. Prior to using it, there wasn't --  
9 there were maybe one or two studies that had  
10 been -- that had been done on it that I used.

11 Q. Do you still -- even though there was  
12 one or two studies back at the time when you  
13 decided to use it, I take it you still felt  
14 comfortable with the safety and efficacy of that  
15 device, correct?

16 A. Very comfortable.

17 Q. Are there any potential benefits to  
18 using graft materials inside the human body in  
19 relationship to synthetic mesh inside the body?

20 MR. MORIARTY: Objection. Form.

21 Go ahead.

22 THE WITNESS: Do you mean compared to?

23

24 BY MR. JONES:

1 Q. Yeah.

2 A. Okay. So repeat the question again.

3 Q. Yeah. Let me ask it with the right  
4 word there.

5 Are there any potential benefits to  
6 using graft materials inside the human body in  
7 comparison to synthetic mesh inside the human body?

8 A. I guess do you mean cadaveric, porcine,  
9 or autologous specifically --

10 Q. Correct.

11 A. -- or all of the above?

12 Q. All of the above.

13 A. I don't think there are any -- any  
14 advantages of using graft versus a synthetic mesh.

15 Q. Are there any disadvantages to using  
16 graft materials inside the body in comparison to  
17 synthetic mesh materials inside the body?

18 A. I think, especially when you're using  
19 an autologous tissue, there's a disadvantage of  
20 extra morbidity of harvesting the tissue, would be  
21 the main disadvantage. But I think it's very safe.

22 Q. Other than -- so you feel using graft  
23 materials inside the human body is very safe,  
24 correct?

1           A.       Yes.

2           Q.       Other than the disadvantages of  
3       harvesting the material, can you point to any other  
4       disadvantages of using graft materials inside the  
5       human body in comparison to synthetic mesh?

6           A.       Specifically cadaveric tissue, there's  
7       a theoretical risk of -- of transmitted diseases,  
8       proverbially prions, which I'm not very familiar  
9       with, but I know they're subviral. They're very  
10      small molecules that can cause Mad Cow disease.  
11      That's about my extent of that knowledge.

12                  But technically -- or theoretically  
13      that's a potential risk. HIV transmission is  
14      always a worry that patients, when I would tell  
15      them I would use cadaveric tissue, some refused.  
16      And so then I would use porcine or pig graft.

17                  Some people didn't want xenographic  
18      material in their body. So I would use cadaveric  
19      even before the sling. So those are the  
20      disadvantages I think of those -- those other  
21      grafts.

22           Q.       Other than harvesting the material and  
23       the theoretical concerns of transmitted diseases  
24       and Mad Cow disease, are there any disadvantages to

1       using graft materials inside the human body as  
2       compared to synthetic mesh?

3           A.       I don't believe so.

4           Q.       What -- are you familiar with the IFU  
5       for AminoFix?

6           A.       AmnioFix?

7           Q.       AmnioFix?

8           A.       Yes, I am. I'm familiar with it.

9           Q.       Okay. Are you familiar with their  
10      patient brochures?

11          A.       They really don't have patient  
12      brochures.

13          Q.       Or their website?

14          A.       Well, they just -- they recently came  
15      out -- yes, I -- yes, I am.

16          Q.       Yes, you are familiar with the  
17      brochure --

18          A.       Yes, yes.

19          Q.       -- correct?

20          A.       Very recently.

21          Q.       Are you familiar with their website?

22          A.       I am familiar with it.

23          Q.       Okay. How about Ethicon's website?

24      Have you ever been to it?

1           A.         That's a good question. I'm sure I  
2 have. I'm sure I have.

3           Q.         Do you recall the last time you visited  
4 Ethicon's website?

5           A.         No.

6           Q.         Why would you visit Ethicon's website?

7           A.         Out of curiosity more than anything.

8           Or -- if I'm -- I think they have videos on -- on  
9 their different procedures.

10           When I was learning how to do the  
11 TVT-O, before I would do the first one or the  
12 second one, I would look at the video. Same with  
13 the TVT-Secur early on.

14           But other than that, I -- I haven't  
15 gone to the website in years.

16           Q.         You haven't gone to their website in  
17 years, correct?

18           A.         Correct.

19           Q.         What medical journals do you subscribe  
20 to?

21           A.         "Journal of Urology" and the gold  
22 journal.

23           Q.         Anything else?

24           A.         I subscribe to the "Society of Robotic

1 Surgeons."

2 Q. Anything else?

3 A. No other journals, no.

4 Q. Okay. Gold journal and "Journal of  
5 Urology" are the only two journals you subscribe to  
6 that might relate to stress urinary incontinence  
7 and transvaginal mesh, correct?

8 A. Correct.

9 Q. How often do you do an independent  
10 literature search on the products you use in your  
11 practice?

12 A. Usually when I first start to use the  
13 product, and then intermittently afterwards,  
14 depending on, you know, if I see something new in a  
15 conference that may pertain to that device, then  
16 I'll look into that as well.

17 Q. Okay. It's your practice as a  
18 physician, prior to using a product, you perform an  
19 independent literature search on that product,  
20 correct?

21 A. Yes.

22 Q. And I take it you don't just rely on  
23 the representations of that company's sales rep?

24 A. No, no.

1 Q. Okay. Why is that?

2 A. Well, I think it's important to know  
3 what the literature is about a device beforehand,  
4 what studies have been done, and what potential  
5 complications can occur by looking at -- at an  
6 independent, as you said, or maybe an unbiased  
7 point of view.

8 Q. Have you ever performed a Kelly  
9 plication?

10 A. Yeah, I said I did earlier, in  
11 residency.

12 Q. Okay. Since residency, though?

13 A. No.

14 Q. How about an MMK?

15 A. Never.

16 Q. Since residency, it sounds like you've  
17 done graft materials and mesh materials for -- to  
18 surgically treat SUI, correct?

19 A. In females, yes.

20 Q. And since 2005, just synthetic mesh to  
21 surgically treat SUI in women, correct?

22 A. Yes.

23 Q. Are you an expert on the mesh  
24 performance characteristics in the TVT line of

1 products?

2 MR. MORIARTY: Objection to form.

3 Go ahead.

4 THE WITNESS: Yes.

5 BY MR. JONES:

6 Q. Okay. Does increasing the pore size in  
7 mesh used to treat SUI decrease inflammation in the  
8 patient?

9 A. I don't think that there's any strong  
10 literature that has shown that increasing what's  
11 already available has decreased inflammation in the  
12 patient with -- with mesh.

13 Q. Does making the mesh softer than the  
14 mesh currently available to treat SUI result in  
15 less inflammation for patients?

16 MR. MORIARTY: Objection to form.

17 Go ahead.

18 THE WITNESS: I haven't seen -- I  
19 haven't seen any literature that has shown that.

20 BY MR. JONES:

21 Q. You haven't seen any medical literature  
22 that says making transvaginal mesh softer results  
23 in less irritation for women?

24 MR. MORIARTY: Objection to form.

1 Go ahead.

2 THE WITNESS: No, I haven't seen any --  
3 any type of long-term study that has suggested that  
4 a softer mesh may have a better result or decrease  
5 the inflammation compared to what's already been  
6 shown to have very good efficacy.

7 BY MR. JONES:

8 Q. Have you seen any medical literature  
9 that discusses whether stiff mesh may be  
10 potentially detrimental to the woman's adjacent  
11 tissues to the mesh?

12 MR. MORIARTY: Objection to form.

13 Go ahead.

14 THE WITNESS: No, I have not.

15 BY MR. JONES:

16 Q. You haven't reviewed any medical  
17 literature that discusses the stiffness values of  
18 transvaginal mesh and that relationship to  
19 complications in women?

20 A. I haven't seen anything like that.

21 Q. Okay. Do you know who Pam Moalli is?

22 A. I have seen Moalli's studies.

23 Q. Okay. And generally speaking, what is  
24 the discussion involved in the Moalli studies?

1           A.         He's typically looking at weight of the  
2         individual meshes that are available, the pore  
3         sizes, the diameter.

4           Q.         Okay. And what is the conclusion --  
5         overall conclusion of those studies?

6           A.         That the mesh that -- the mesh that is  
7         available is considered a macroporous mesh and has  
8         fairly minimal inflammation.

9           Q.         Okay. Do those studies discuss at all  
10       fraying of the mesh?

11          A.         I can't remember specifically what  
12         the -- what it discussed about the fraying.

13          Q.         Do they discuss the stiffness of the  
14         mesh?

15          A.         I can't remember specifically about  
16         stiffness. I would have to look at the study  
17         again.

18          Q.         Do they discuss whether the inflammatory  
19         response is decreased when the stiffness of the  
20         mesh is decreased?

21          A.         I can't -- I don't remember that.

22          Q.         Do they discuss whether -- when the  
23         weight of the mesh is decreased, whether the  
24         inflammatory response is decreased in patients?

1 A. Again, I don't recall that.

2 Q. Okay. Do you know where Dr. Moalli  
3 practices at?

4 A. No, I don't.

5 Q. Do you know whether Dr. Moalli is a  
6 consultant for Ethicon or not?

7 A. No.

8 Q. Have you reviewed the contract between  
9 Dr. Ulmsten and Ethicon?

10 A. No, I have not.

11 Q. Are you familiar with the term "milestone  
12 payment"?

13 A. No, I don't.

14 Q. Do you know what a milestone payment is  
15 in conjunction with a clinical study?

16 A. No, sir.

17 Q. Have you ever done a clinical study on  
18 transvaginal mesh before?

19 A. No.

20 Q. Have you ever done a clinical study on  
21 stress urinary incontinence in women before?

22 A. No.

23 Q. Have you ever done a survey on those  
24 topics before?

1 A. No.

2 Q. Have you been ever asked to participate  
3 in a clinical trial for the treatment of female SUI  
4 with transvaginal mesh?

5 A. No.

6 Q. Ethicon's never asked you to  
7 participate in a study like that?

8 A. No.

9 Q. AMS never asked you to participate in a  
10 study like that?

11 A. No.

12 Q. Have you ever published -- how about  
13 this: Have you ever done any studies focusing on  
14 treating pelvic pain in women?

15 A. No.

16 Q. Ever studied treating dyspareunia in  
17 women?

18 A. Have I studied it?

19 Q. Yeah.

20 A. Or have I done a study?

21 Q. Have you done a study?

22 A. No.

23 Q. Published any literature on dyspareunia  
24 in women?

1 A. No.

2 Q. Published any articles whatsoever on  
3 women's SUI?

4 A. No.

5 Q. Using mesh in women -- published  
6 anything on using mesh in women?

7 A. No.

8 Q. How about on -- have you done any  
9 research on graft materials --

10 A. I've --

11 Q. -- of treatment of SUI in women?

12 A. I've researched it.

13 Q. Okay. And what was the just findings  
14 of your research?

15 A. Again, not clinical research -- not --  
16 not bench science research, but just clinical  
17 research of the medical literature.

18 Q. Okay.

19 A. So I've not --

20 Q. You've never done a study --

21 A. Correct.

22 Q. -- on the Burch procedure, correct?

23 A. No.

24 Q. Never done a study on any graft

1 material, correct?

2 A. Correct.

3 Q. Never done a study on any mesh

4 material, correct?

5 A. Correct.

6 Q. Never done a study on SUI in women,

7 correct?

8 A. Correct.

9 Q. Don't have any current research on  
10 women's health, correct?

11 A. Correct.

12 Q. You're not an expert in chemical  
13 engineering, correct?

14 A. Correct.

15 Q. Not an expert in pathology, correct?

16 A. Correct.

17 Q. You're not an expert in polymer  
18 chemistry, correct?

19 A. Correct.

20 Q. You've got no background whatsoever in  
21 polymer chemistry, correct?

22 A. Well, as far as dealing with the mesh  
23 products, that would be the only background that I  
24 would have.

1 Q. You have no educational background in  
2 polymer chemistry whatsoever, correct?

3 A. Correct.

4 Q. Undergrad or medical education,  
5 correct?

6 A. Correct.

7 Q. Whatsoever? Okay.

8 You've never done bench research on  
9 synthetic mesh, correct?

10 A. Correct.

11 Q. Never done any lab research on  
12 synthetic mesh, correct?

13 A. Correct.

14 Q. Never done any bench research on SUI  
15 devices, period, correct?

16 A. Correct.

17 Q. Never done any lab research on SUI  
18 devices, correct?

19 A. Correct.

20 Q. You are not a biomaterials specialist,  
21 correct?

22 MR. MORIARTY: Objection. Form.

23 Go ahead.

24 THE WITNESS: Same thing I said earlier

1       about the polymer chemistry. With my, you know,  
2       clinical experience in handling those type of  
3       things, I'm very comfortable with it.

4       BY MR. JONES:

5           Q.        You've never held yourself out as a  
6       biomaterials specialist before, correct?

7           A.        No.

8           Q.        Okay. And you've never published  
9       anything in the medical literature?

10          A.        Correct. Well, no, wait. No. I take  
11       that -- yes, I have published.

12          Q.        I'll strike that.

13          A.        I've got a couple --

14          Q.        I'll strike that. That's a bad  
15       question.

16                   Let me get to -- how about this:

17       The -- any of the opinions that you're expressing  
18       in your general expert report, have any of those  
19       opinions been published in a peer-reviewed medical  
20       journal?

21          A.        Have any of my opinions? Specifically  
22       my opinions?

23          Q.        Yes.

24          A.        No.

1 Q. Okay. And you've never tried to have  
2 any opinions that you've expressed in your report  
3 published in peer-reviewed medical literature,  
4 correct?

5 A. Correct.

6 Q. And no one's asked you to ever try to  
7 have your opinions published in any peer-reviewed  
8 medical literature, correct?

9 A. Relating to SUI?

10 Q. Yeah.

11 A. Correct.

12 Q. You've never published anything,  
13 medical literature or otherwise, on the appropriate  
14 warnings that must be in medical device IFUs,  
15 correct?

16 A. Correct.

17 Q. You've never studied what warnings are  
18 required to be in a medical device IFU, correct?

19 A. Repeat that question.

20 Q. You've never done a study --

21 A. Okay. You kind of confused me when you  
22 say "You never studied," because --

23 Q. I'll ask a better question.

24 A. Correct.

1 Q. You've never done a study on what  
2 warnings are required to be in a medical device  
3 IFU, correct?

4 A. Correct.

5 Q. You've never done a study on what  
6 industry standards govern medical device IFUs,  
7 correct?

8 A. Correct.

9 Q. You don't know what industry standards  
10 govern medical device IFUs, correct?

11 A. I think I would say I know what -- what  
12 standards govern it. The FDA has --

13 Q. Industry standards.

14 A. I guess --

15 Q. Industry standards. So the industry  
16 among -- the standards among the industry. Putting  
17 aside regulation standards, I'm just asking, are  
18 you familiar with the industry standards that  
19 govern what warnings must be in medical device  
20 IFUs?

21 A. I guess I believe I do know what they  
22 are. Again, it relates to, you know, specifically  
23 the safety of the -- of the device; that is  
24 important to me in IFUs. The potential

1 complications that can be -- can be related to the  
2 device, specifically to the device.

3 Does that answer your question?

4 Q. Are those all the industry standards  
5 you're familiar with that govern what warnings must  
6 be in a medical device IFU?

7 A. I'm sure that there are more.

8 Q. As you sit here today, you can't think  
9 of those, correct?

10 A. I can probably think about them for a  
11 while and name some things, but I'd have to think.

12 Q. Tell you what, next break, I'll give  
13 you all the time you want to think about it, and  
14 just see what you can come up with tonight. If you  
15 come up with any, just let us know at any time.

16 What -- since you're familiar with the  
17 industry standards that govern the warnings on  
18 medical devices, I have a series of questions for  
19 you.

20 A. Okay.

21 Q. Is it true that a medical device  
22 company must include all risks that are associated  
23 with the device in the IFU?

24 A. No.

1           Q.         Is it true a medical device company  
2         must include all possible risks associated with the  
3         use of the device in the IFU?

4           A.         No.

5           Q.         Do you agree that a medical device  
6         company must include all risks associated with the  
7         proper use of the device in the IFU?

8           A.         No.

9           Q.         Is it your opinion that the only risk a  
10        medical device company must include in the IFU is a  
11        risk associated with the unique use of that device?

12          A.         That's correct.

13          Q.         What is the risk that you believe  
14        Ethicon must include in the TVT-O IFU?

15          A.         I think that the -- the main risk is  
16        exposure of the graft.

17          Q.         Exposure of the mesh --

18          A.         Mesh -- thank you --

19          Q.         -- correct?

20          A.         -- according to my definition.

21          Q.         Exposure of the mesh.

22                   Any other risk required under the  
23        industry standards that Ethicon must include in the  
24        IFU?

1           A.         I think that's the -- the one that must  
2       be required. I think that they can put in others  
3       that are associated with the procedure, but I don't  
4       think it's required.

5           Q.         Okay. I'm only -- I'm only asking  
6       about what's required under the industry standards  
7       that you're familiar with.

8                      Per the industry standards that you've  
9       stated you're familiar with, the only risk Ethicon  
10      must put in any of the TVT IFUs is exposure of the  
11      mesh, correct?

12          A.         Yes.

13          Q.         If Ethicon only lists exposure of the  
14      mesh as a risk in the TVT IFUs, it's your opinion  
15      that the IFUs are adequate, correct?

16          A.         I agree.

17          Q.         And it's your opinion that an Ethicon  
18      TVT IFU can be silent on chronic pain, can be  
19      silent on dyspareunia, can be silent on removing  
20      the mesh, can be silent on complications that may  
21      be associated with removal of the mesh, and so long  
22      as it includes exposure of the mesh the IFU is  
23      adequate, correct?

24                      MR. MORIARTY: Objection to form.

1 Go ahead.

2 THE WITNESS: Yes.

3 BY MR. JONES:

4 Q. Are you familiar with the IFU for the  
5 AMS MiniArc-Precise?

6 A. Yes.

7 Q. And I take it that will be something  
8 that you'll be relying on for your basis that  
9 you're qualified to testify about the adequacy of  
10 the warning statements in the TVT IFU, correct?

11 MR. MORIARTY: Objection.

12 THE WITNESS: I don't think that I'll  
13 rely on the AMS version IFU.

14 BY MR. JONES:

15 Q. For your qualifications at all?

16 MR. MORIARTY: Objection to form.

17 Go ahead.

18 THE WITNESS: Not concerning the  
19 TVT-Secur mesh.

20 (Reporter interruption for  
21 clarification.)

22 MR. JONES: For your qualifications.

23 BY MR. JONES:

24 Q. So you won't be -- your review of other

1 mesh company IFUs, you won't be using that  
2 experience as background for your opinions as to  
3 the adequacy of the Ethicon TVT IFUs?

4 A. No.

5 Q. The same question for any other medical  
6 device IFUs that you've reviewed.

7 A. Which ones would you say?

8 Q. The da Vinci and robot ones.

9 A. No, I wouldn't use the IFU for that.

10 Q. Okay. Any other AMS mesh IFUs?

11 A. No. I haven't used any other AMS mesh  
12 products.

13 Q. Okay. As you sit here today, can you  
14 point to a single medical device IFU that you've  
15 used in all your time as a urologist that adheres  
16 to your standard of only risk -- only listing the  
17 risk that is associated -- uniquely associated with  
18 that device?

19 A. None of them do.

20 Q. None of them do?

21 A. No.

22 Q. Not a single medical device IFU that  
23 you've ever looked at in your time as a urologist  
24 adheres to the standard that you've presented

1 today, correct?

2 A. Correct.

3 Q. Are you familiar with the Abbott  
4 article?

5 A. Spell that.

6 Q. A-b-b-o-t-t.

7 A. Abbott?

8 Q. Sarah Abbott?

9 A. Not off the top of my head, no.

10 Q. Mickey Krimm is a coauthor on it?

11 A. The names sound familiar, but I'm not  
12 sure. I obviously can't tell you specifics.

13 Q. 2014?

14 A. I don't know. I don't know the  
15 specifics. When I read my articles, I honestly  
16 don't remember the authors.

17 Q. Okay. It discusses warnings -- warning  
18 statements --

19 A. Okay.

20 Q. -- in IFUs.

21 A. Right.

22 Q. Still nothing?

23 A. Sounds familiar, vaguely familiar, but  
24 I'm not sure.

1           Q.         Okay. But as you sit here today,  
2         you're not -- you don't recall generally what that  
3         article concludes as to the adequacy of warnings in  
4         IFUs?

5           A.         I do not.

6           Q.         Can you point me to a single article as  
7         you sit here today that discusses the adequacy of  
8         the warning statements in the TVT IFUs?

9           A.         No, I don't think I've ever read an  
10        article -- a medical article about that.

11          Q.         Can you point me -- as you sit here  
12        today, can you point me to a single internal  
13        Ethicon document that discusses the adequacy of the  
14        TVT IFUs?

15          A.         I think there are -- there are internal  
16        documents that talk about what should be in the IFU  
17        and what they want to include in -- so I think  
18        there are probably a lot of those. And I'd have to  
19        look through my list of -- my reliance list -- you  
20        know, all those boxes that I have. Probably could  
21        find the emails and internal records that I've  
22        seen. So there is discussion internally about what  
23        they want to put in their IFU.

24          Q.         Did Ethicon ever learn of any new risk

1       associated with the TVT devices after marketing the  
2       devices?

3           A.       Safety risks? No. Not that I know of.  
4       Not that I'm aware.

5           Q.       So Ethicon knew all the safety risks  
6       associated with the TVT products prior to launching  
7       them, correct?

8           A.       I believe so.

9           Q.       Did Ethicon ever make any changes to  
10      the mesh used in the TVT products since 1998?

11          A.       Specifically the mesh itself? Not that  
12      I'm aware of.

13          Q.       Correct.

14                You're not aware of Ethicon ever making  
15      the TVT mesh softer, correct?

16          A.       I'm not familiar with that.

17          Q.       You're not familiar with Ethicon ever  
18      making the TVT mesh less dense, correct?

19          A.       No.

20          Q.       You're not aware with Ethicon ever  
21      making the TVT mesh with bigger pore size, correct?

22          A.       No, I'm not aware of that.

23          Q.       You're not aware of Ethicon ever making  
24      the edges of the mesh used in the TVT softer,

1       correct?

2           A.       No.

3           Q.       Have you reviewed the design history  
4       file for laser-cut mesh?

5           A.       I've read some articles about the  
6       laser-cut mesh, but I'm not certain exactly what  
7       you're talking about --

8           Q.       Okay. You --

9           A.       -- but I've read documents about it.

10          Q.       Do you know what a design history file  
11       is?

12          A.       I can -- I guess I can guess. I'm not  
13       specifically aware of --

14          Q.       Don't guess.

15          A.       Okay.

16          Q.       Do you know what a -- do you know what  
17       the stage-gates are in a design process for a  
18       medical device?

19          A.       No.

20          Q.       Did Ethicon ever add any warnings to  
21       the TVT-O IFU since launch?

22                   MR. MORIARTY: Objection. Go ahead.

23                   THE WITNESS: I'm not aware that  
24       they've added to the TVT-O.

1 BY MR. JONES:

2 Q. How about the TVT-R?

3 A. Not that I'm familiar with.

4 Q. Okay. You're not familiar with any  
5 changes -- strike that.

6 You're not familiar with any additions  
7 that Ethicon's made to the warning statements in  
8 the TVT-O or TVT-R IFU, correct?

9 A. I'm not aware of them.

10 MR. MORIARTY: When it's convenient,  
11 let's take five minutes.

12 MR. JONES: Let's take five minutes.  
13 Let's take a break.

14 (Brief recess.)

15 BY MR. JONES:

16 Q. Doctor, after a short break, are you  
17 ready to proceed?

18 A. Yes.

19 Q. Do you use the website  
20 ceramsey@charter.net?

21 A. That's a -- may be an old email address  
22 of mine.

23 Q. Okay. But you're familiar with that  
24 email address?

1 A. That's my email -- well --

2 Q. Okay.

3 A. I think so. That's been a long time.

4 Q. Okay.

5 A. I think it was chartertn.net.

6 Q. Chartertn.net. You got it.

7 You are familiar with it?

8 A. Yeah.

9 Q. Is it possible that you did any  
10 consulting working for Ethicon in 2014?

11 A. For Ethicon in 2014? Other than case  
12 review, I can't think of it.

13 Q. That's a good point.

14 When did Ethicon first contact you to  
15 ask about being an expert in the Rabiola case or  
16 the other case that you've described?

17 A. I think it was 2014 was the first time.

18 Q. 2014?

19 A. Correct.

20 Q. What month?

21 A. Oh, I have no idea.

22 Q. Early 2014?

23 A. Probably mid.

24 Q. Mid-2014?

1 A. May-ish maybe.

2 Q. First time --

3 A. No idea.

4 Q. Mid-2014 is most likely the first time  
5 Ethicon approached you either directly or  
6 indirectly about being an expert witness in  
7 transvaginal mesh litigation, correct?

8 A. To the best of my recollection.

9 Q. And did you agree at that --

10 A. Yes.

11 Q. -- point?

12 And then at some point they sent you  
13 materials to review, correct?

14 A. Yes.

15 Q. And they sent you materials related to  
16 TVT-Secur, correct?

17 A. Yes.

18 Q. Okay. And this would have been  
19 sometime in 2014, correct?

20 A. Correct.

21 Q. Did you ever make any determinations in  
22 the -- in those two cases?

23 A. I think I did a -- a case specific for  
24 Rabiola, I think. I'm not certain if I did one for

1       the other one, but I may have.

2           Q.        Okay. Did you determine that the mesh  
3       was not the cause or a cause of the alleged  
4       injuries in those two cases?

5           A.        Yes.

6           Q.        So in every instant where Ethicon has  
7       asked you to review a transvaginal mesh case, you  
8       have determined that the Ethicon mesh device is not  
9       the cause or a cause of the alleged injuries,  
10      correct?

11          A.        Correct.

12          Q.        Do you know who Scott Finley is?

13          A.        I know Scott Finley.

14          Q.        You know Scott?

15          A.        Yes.

16          Q.        How long have you known Scott?

17          A.        Gosh. Probably around 2005, I'd say,  
18      2004 or 2005.

19          Q.        Okay. How do you know Scott?

20          A.        He was the Ethicon representative for  
21      Gynecare, and he's the manager now.

22          Q.        So when you first met Mr. Finley  
23      in 2005, he was an Ethicon sales rep, correct?

24          A.        Correct.

1 Q. And then at some point thereafter, he  
2 moved on up the company ladder, correct?

3 A. Correct.

4 Q. And you continued to have a  
5 relationship with Mr. Finley, correct?

6 A. Only social at this point. I've -- and  
7 very rarely now. I -- I can't remember the last  
8 time that I -- I might have seen him in the  
9 hospital and said hi, but it's not a -- a  
10 professional relationship at this point. It might  
11 be if I start using TVT again.

12 Q. Correct. Correct.

13 A. I've got to make some decisions.

14 Q. Correct. From 2005 to 2012, you had a  
15 business and professional relationship with  
16 Mr. Finley, though, correct?

17 A. Yes.

18 Q. A close relationship with him, correct?

19 A. Yes.

20 Q. Professional?

21 A. Professional, yes.

22 Q. And you worked closely with him,  
23 correct?

24 A. Correct.

1 Q. And is he someone you have placed your  
2 trust in as an Ethicon employee?

3 A. Yes.

4 Q. How about Mike Lewis?

5 A. Mike Lewis, I know him very well.

6 Q. Ethicon sales rep?

7 A. He was.

8 Q. Okay.

9 A. He was -- I first knew him as an Pfizer  
10 rep. He sold Viagra. Great friend then. And then  
11 he was a -- worked for Gynecare, and now he works  
12 for Intuitive.

13 Q. Okay. So you knew Mike Lewis before he  
14 joined Ethicon in his role as a sales rep for  
15 Pfizer, correct?

16 A. Correct.

17 Q. And I take it that as a urologist, you  
18 had contact with him in his role as an Ethicon  
19 sales rep for Pfizer, correct?

20 A. You said "Ethicon sales rep for  
21 Pfizer."

22 Q. In his role as a sales rep for Pfizer,  
23 correct?

24 A. Correct.

1 Q. Thank you.

2 And that related to, at least in part,  
3 his role of selling Viagra?

4 A. Correct.

5 Q. And then he went on to be a sales rep  
6 for Ethicon?

7 A. Correct.

8 Q. And you were a consultant for Ethicon,  
9 correct?

10 A. Correct.

11 Q. And at some point, he went on to be a  
12 sales rep for Intuitive Surgical Instruments --  
13 Surgical Instruments, correct?

14 A. Correct.

15 Q. And you're a consultant for that  
16 company, correct?

17 A. Correct.

18 Q. A longstanding relationship with  
19 Mr. Lewis, correct?

20 A. Correct.

21 Q. You consider him a friend, correct?

22 A. Yes.

23 Q. You consider Mr. Finley a friend, too,  
24 correct?

1 A. He's -- he's a friend.

2 Q. How about Jason Martin?

3 A. I know Jason.

4 Q. Ethicon sales rep, correct?

5 A. Correct.

6 Q. Do you know him well?

7 A. Yeah, I know him well.

8 Q. For how long have you known Mr. Martin?

9 A. I think he took over after Mike Lewis  
10 left Ethicon, and so from that point on. I'm  
11 not -- about 2008, '9, maybe, something like that.

12 Q. Yeah. Sometime around the 2009 time  
13 period, Jason Martin took over for Mike Lewis in  
14 the role as an Ethicon sales rep for you, correct?

15 A. Correct.

16 Q. Would you consider yourself a customer  
17 of Ethicon?

18 A. Yes.

19 Q. Okay. Would you consider yourself a  
20 partner with Ethicon?

21 MR. MORIARTY: Objection.

22 Go ahead.

23 THE WITNESS: A partner -- no, I  
24 wouldn't consider myself a partner with Ethicon.

1 BY MR. JONES:

2 Q. A business partner with Ethicon?

3 A. A consultant. I wouldn't consider it a  
4 partner, though.

5 Q. Did you ever see your role as a  
6 consultant for Ethicon including converting other  
7 physicians to Ethicon mesh products?

8 A. No. I wasn't -- I didn't try to  
9 convert other people to Ethicon products.

10 I -- I would be asked to help them  
11 out -- the doctor -- I would be asked to help the  
12 physician out in learning how to do the procedure,  
13 but I never tried to make other people use the  
14 product.

15 Q. Never tried --

16 A. I didn't coerce anybody.

17 Q. Never tried to convert any of your --

18 A. No.

19 Q. -- partners to use Ethicon mesh  
20 products?

21 A. No. They were already using them.

22 Q. Never introduced any of your partners  
23 to Ethicon mesh products?

24 A. No.

1 Q. Never introduced any of your partners  
2 to the TVT-Secur device?

3 A. I probably proctored one of my partners  
4 in -- one or two of my partners in using it. So I  
5 guess I introduced that to him. Yeah, they were  
6 already using TVT products, though.

7 Q. Do you feel like you converted them to  
8 TVT-Secur?

9 MR. MORIARTY: Objection. Form.

10 THE WITNESS: I think they saw the  
11 benefits of the TVT-Secur in their professional  
12 good judgement.

13 BY MR. JONES:

14 Q. Fair to say you don't like the word --  
15 you don't feel comfortable with associating your  
16 role as a consultant with converting other  
17 physicians to Ethicon mesh products?

18 A. I wasn't a missionary for them.

19 Q. You don't like that word, correct?

20 A. Well --

21 Q. In this context?

22 A. Correct.

23 Q. Did you ever consider yourself a loyal  
24 customer of Ethicon's?

1 MR. MORIARTY: Objection. Form.

2 Go ahead.

3 THE WITNESS: No. I don't think I was  
4 a loyal customer, because I used other products.

5 When TVT-Secur was off the market, I went to a  
6 different company pretty quickly.

7 BY MR. JONES:

8 Q. Did you ever go to any of the Ethicon  
9 annual summits?

10 A. No.

11 Q. How about one -- you never went to  
12 Celebration, Florida?

13 A. I've been to Celebration, Florida.

14 Q. For Ethicon?

15 A. I don't remember one for Ethicon. I  
16 remember going with -- with -- with Intuitive for a  
17 CME experience, but not even with a -- as a  
18 consultant there.

19 Q. You've gone to Celebration, Florida, in  
20 your role as a consultant for industry, but not for  
21 Ethicon, correct?

22 A. No, I didn't -- I went, again, as a CME  
23 credit. So I paid my way and. . .

24 Q. You've never gone to Celebration,

1 Florida, for Ethicon, though, correct?

2 A. No.

3 Q. Never for an Ethicon event, correct?

4 A. Not that I recall, no.

5 MR. MORIARTY: I've heard about

6 Celebration, Florida. Where is Celebration,

7 Florida?

8 THE WITNESS: Close to Orlando.

9 MR. MORIARTY: Okay.

10 THE WITNESS: It's a little mini city  
11 that has a really nice hospital.

12 MR. MORIARTY: Okay.

13 MR. JONES: Next to Kissimmee.

14 BY MR. JONES:

15 Q. How about Atlanta? Did Ethicon send  
16 you to Atlanta to any events?

17 A. Not for me to do an event, no. If I --  
18 the only time I remember going anywhere with  
19 Ethicon is -- I guess where it's -- is it New  
20 Jersey? is where their headquarters are, if I  
21 remember right. But that's when the TVT-Secur was  
22 launched in early '06-ish or something like that.

23 Q. Okay. The only travel you recall for  
24 Ethicon is traveling to their headquarters in

1       Morristown, New Jersey, correct?

2           A.       If that's where it is.

3           Q.       Okay. The only travel you ever  
4       recall -- as you sit here today, the only travel  
5       you recall for Ethicon is going to their  
6       headquarters in New Jersey, correct?

7           A.       Unless I was a proctor somewhere, and  
8       then I would -- you know, they would pay for my  
9       travel to wherever I went, which was always a car  
10      drive away. I never -- I never went anywhere that  
11      was -- that was longer than just a couple of hours  
12      away, that I would get -- but I would get mileage  
13      for that or. . .

14          Q.       Yeah.

15          A.       Is that -- okay.

16          Q.       Outside of Tennessee -- outside of  
17      Tennessee and this one trip --

18          A.       Kentucky.

19          Q.       Outside of the two-hour range that you  
20      just described and this one trip to Ethicon's  
21      headquarters, any other travel?

22          A.       Specifically related to TVT? I can't  
23      remember. And even with the hand-assist device,  
24      I'm trying to remember if I went somewhere for

1       that. And I don't think I -- I don't think I did.

2           Q.       They never sent you to Paris?

3           A.       Tennessee?

4           Q.       Paris, France.

5           A.       No.

6           Q.       Francais.

7                   In 2006 you visited Ethicon's  
8 headquarters, correct?

9           A.       Yes.

10          Q.       In 2006 you visited Ethicon's  
11 headquarters in relation to a TVT-Secur event,  
12 correct?

13          A.       Yes.

14          Q.       And what was the nature of that event?

15          A.       I think it was the original launch.

16          They wanted me to be one of the early adapters. I  
17          wanted to be an early adapter. And so I went  
18          there. I think I was the first person to place a  
19          TVT-Secur in Tennessee. I think. It's been a  
20          while. I've slept since then.

21                   But that was what that was about, was  
22          to have early adapters, high-use users to learn the  
23          new device, to be exposed to it, and see if that's  
24          something that I would be interested in using. So

1 I think it was a two-day event.

2 Q. And you would describe yourself as a  
3 high-use user of a TVT-Secur device, correct?

4 A. Yes.

5 Q. Would you describe yourself as a  
6 high-use user of Ethicon mesh products in general?

7 A. Not lately.

8 Q. How about over the course of your  
9 career?

10 A. It's kind of averaged out over the last  
11 four years.

12 Q. Okay. Over the last four years --  
13 strike that.

14 So in 2006, Ethicon pays for you to  
15 travel to their headquarters for a two-day event,  
16 correct?

17 A. Yes.

18 Q. And this is in relationship to the  
19 launch of TVT-Secur, correct?

20 A. Correct.

21 Q. And you were invited to this two-day  
22 event at Ethicon's headquarters in 2006 because you  
23 were a early adapter and high-use user of  
24 TVT-Secur, correct?

1           A.         Well, no. I was a high-use user of TVT  
2         Obturator and wanted to become -- wanted to learn  
3         about the TVT-Secur.

4           Q.         Okay.

5           A.         That's why I was invited to that,  
6         because it -- it was a new device. It wasn't out  
7         yet at the time I went up there.

8           Q.         And the two-day event in 2006 at  
9         Ethicon's headquarters was a launch event for  
10        TVT-Secur?

11          A.         It was -- it was -- not even a launch  
12         event, because it still wasn't available at the  
13         time. It was more of a learning event and a  
14         didactic event and a training event.

15                 There was -- there was a cadaver lab  
16         that they showed us how to use it, didactic, you  
17         know, going over some of the studies that they had.  
18         Also talking about TVT-O and probably TVT  
19         Retropubic. I can't remember that far back. Tour  
20         the facilities.

21          Q.         Tour the facilities, two-day event.

22                 Other Ethicon consultants attended,  
23         correct?

24          A.         I don't know if they were consultants

1 or not. Maybe -- you know, there were other  
2 doctors, OB/GYNs and urologists, that were there.

3 Q. When you agreed to become a consultant  
4 for Ethicon, were you required to sign a contract?

5 A. Yes.

6 Q. And did you agree to the terms of that  
7 contract?

8 A. Yes.

9 Q. Did you have -- did you review those  
10 contracts prior to signing them?

11 A. I didn't have a lawyer look at it, but  
12 I looked at them.

13 Q. Okay. And I take it you signed a  
14 contract for each year that you were a consultant  
15 for Ethicon, correct?

16 A. Yes.

17 Q. Did you bring those with you today?

18 A. I don't know if I have them or not.

19 Q. Okay. Did you ask Ethicon?

20 A. No.

21 I thought you brought them.

22 MR. MORIARTY: He did.

23 THE WITNESS: There they are.

24 BY MR. JONES:

1 Q. Have you ever promoted the use of  
2 Ethicon mesh products --

3 MR. MORIARTY: Objection --  
4 BY MR. JONES:

5 Q. -- in your role as a consultant  
6 physician?

7 MR. MORIARTY: Objection. Form.

8 THE WITNESS: Again, I wouldn't say  
9 "promote." That goes along with "convert." I  
10 advocated it, maybe.

11 BY MR. JONES:

12 Q. Okay. Do you consider yourself an  
13 advocate of Ethicon TV [verbatim] mesh products?

14 A. Yes.

15 Q. Do you consider yourself an ambassador  
16 of Ethicon TV mesh products?

17 A. No, I don't consider myself an  
18 ambassador.

19 Q. Do you think -- I noticed that you  
20 wrote one report for TVT-R, TVT-O and TVT-S,  
21 correct?

22 A. All-inclusive.

23 Q. Okay. And --

24 A. Correct.

1           Q.         -- will you be offering any opinions in  
2        this litigation that any of the TVT-O products are  
3        safer than any of the TVT products? Meaning --  
4        meaning, will you be making a distinction as to the  
5        level of safety of those devices -- will you be  
6        offering an opinion that TVT-R is safer than TVT-S?

7           MR. MORIARTY: Objection --

8           THE WITNESS: No.

9           MR. MORIARTY: -- form.

10          BY MR. JONES:

11          Q.         Will you be offering an opinion in this  
12        litigation that TVT-S is safer than TVT-R?

13          A.         I would say yes.

14          Q.         Okay. Will be you offering an opinion  
15        in this case that TVT-S is safer than TVT-O?

16          A.         Yes.

17          Q.         Will be you offering an opinion that --  
18        in this case that mini-slings are safer than  
19        Retropubic slings?

20          A.         Yes.

21          Q.         Will be you offering an opinion in this  
22        litigation that mini-slings are safer than  
23        Obturator slings?

24          A.         Yes.

1 Q. Have you ever used hernia mesh?

2 A. In residency. I've done hernias since  
3 residency. '02 -- well, '99 really.

4 Q. Do you know the differences between  
5 hernia mesh and transvaginal mesh?

6 MR. MORIARTY: Objection.

7 Go ahead.

8 THE WITNESS: Depends on the -- I think  
9 it depends on the type of mesh that you're -- that  
10 you're using. So yes, I know the differences  
11 between hernia mesh and --

12 BY MR. JONES:

13 Q. From a general standpoint?

14 A. From a general standpoint.

15 Q. What are the differences between hernia  
16 mesh and transvaginal mesh?

17 A. So the hernia meshes, from my  
18 understanding, number one, are placed in a  
19 different compartment of the body. They may have  
20 different characteristics with the pore size.

21 They may not be just kind of a -- a --  
22 I don't know how to say this -- a single woven  
23 mesh; it may have more of a polyfilament mesh.

24 I would not consider myself an expert

1       in hernia mesh, though.

2           Q.       Is the reaction -- tissue reaction to  
3       the mesh the same or different in hernia mesh  
4       repair as in transvaginal mesh repair?

5           A.       I would say it depends on the hernia  
6       mesh and the characteristics of that hernia mesh.  
7       So, I mean, you would have to be specific on which  
8       hernia mesh that you -- that you have.

9           Q.       Fair to say that there -- the tissues  
10      in a woman's vagina are more supple than in the  
11      abdominal wall, though, correct?

12                  MR. MORIARTY: Objection. Form.

13                  Go ahead.

14                  THE WITNESS: More supple?

15          BY MR. JONES:

16           Q.       Yeah.

17           A.       I would say they're -- no, I wouldn't  
18      say that it's necessarily more supple.

19           Q.       Okay. Is one area of the body less  
20      forgiving than the other?

21                  MR. MORIARTY: Objection.

22          BY MR. JONES:

23           Q.       In the context of mesh?

24                  MR. MORIARTY: Go ahead.

1 THE WITNESS: Not in my opinion.

2 BY MR. JONES:

3 Q. Okay. Is the woman's -- are there more  
4 nerves in a woman's vagina than in the abdominal  
5 wall?

6 A. No, I don't think so.

7 Q. Okay. The woman's vaginal tissue is  
8 more sensitive to mesh than the tissue in the  
9 abdominal wall, correct?

10 A. I don't agree with that.

11 Q. The foreign body response is greater in  
12 a woman's vagina than in the abdominal wall,  
13 correct?

14 A. I don't agree with that either.

15 Q. The inflammatory response is greater in  
16 a woman's vagina in reaction to mesh than the  
17 abdominal wall, correct?

18 A. I don't agree with that.

19 Q. Mesh contraction occurs at a greater  
20 rate when implanted transvaginally than in the  
21 abdominal wall, correct?

22 MR. MORIARTY: Objection.

23 THE WITNESS: I don't agree with that.

24 BY MR. JONES:

1 Q. You do know that mesh contraction does  
2 occur inside the human body, though, correct?

3 A. I don't think that the mesh itself  
4 contracts.

5 Q. Do you think the mesh at all changes  
6 inside the body?

7 A. No, I don't think it changes.

8 Q. It just stays the same the whole time  
9 it's inside the body?

10 A. It has a reac- -- the human body has a  
11 reaction to it, and it has infiltration of  
12 inflammatory cells. So there's going to be a  
13 change because of that. So it doesn't stay a sheet  
14 of mesh by itself; it's incorporated into the body.

15 Q. But the mesh doesn't stay flat inside  
16 the -- when the TVT mesh is placed, it doesn't  
17 stay flat underneath the urethra, correct?

18 A. I think it stays -- the mesh widthwise  
19 remains flat. Lengthwise, it's going to have  
20 curvature. Because that's how it's placed,  
21 especially if you use a U-formation. Even an  
22 H-formation, there's still going to be some  
23 curvature to the mesh itself.

24 Q. The width of the TVT mesh remains the

1 same after it's implanted in the woman's body,  
2 correct?

3 A. I agree.

4 Q. It never decreases in width, correct?

5 A. No, I don't think so. Not that I've  
6 seen.

7 Q. Do you know what the forces placed on  
8 the mesh are inside the human body when -- on TVT  
9 mesh?

10 A. I can't tell you what the actual joules  
11 are, but I do know what the forces are.

12 Q. What are they?

13 A. As far as forces from lifting,  
14 coughing, sneezing, and bearing down, just whatever  
15 a human body --

16 Q. Everyday --

17 A. Right. Yeah.

18 Q. -- life activities, correct?

19 A. Everyday life activities.

20 Q. Let me see if I can't make it through  
21 some of these exhibits. I kind of got lost.

22 Sorry. All right.

23 Exhibit 3, your reliance list, correct?

24 A. Uh-huh.

1 Q. Exhibit 4 is your CV?

2 A. Okay.

3 Q. Correct?

4 A. Yes.

5 Q. Do you recognize this as your CV?

6 A. I do.

7 (Whereupon Exhibit 4 was marked as an  
8 exhibit.)

9 THE WITNESS: Impressive.

10 BY MR. JONES:

11 Q. It is. A couple things --

12 A. It's not as long as the other ones I've  
13 seen.

14 Q. Proctoring, you've listed proctor for  
15 Ethicon and Intuitive Surgical, correct?

16

17 A. Correct.

18 Q. Those are both medical device  
19 companies, correct?

20 A. Correct.

21 Q. Have you done any proctoring for --  
22 outside of proctoring for medical device companies?

23 A. Proctoring for medical. . .

24 I'm sorry. I have to think about that.

1 I mean --

2 Q. How about --

3 A. Technically, I'd say I would with other  
4 surgeries that I do in either assisting my partners  
5 in learning a new technique for something that  
6 I've -- that I've brought in.

7 There's one in here, buccal mucosal  
8 graft for strictures. So I've shown that. That's  
9 not a medical device. And so I've helped my  
10 partners, you know, do that for strictures,  
11 urethral strictures.

12 There's another graft, buccal mucosal  
13 graft.

14 Q. Uh-huh.

15 A. So yes. I guess the answer to that  
16 question's yes.

17 Q. But in an official capacity for a  
18 university?

19 A. No.

20 Q. Or a hospital?

21 A. No.

22 Q. On SUI?

23 A. No.

24 Q. On transvaginal mesh?

1 A. No.

2 Q. Have you ever given any presentations  
3 at any medical societies on transvaginal mesh?

4 A. No.

5 Q. Have you given any presentations to  
6 medical societies on female stress urinary  
7 incontinence?

8 A. No.

9 Q. Have you given any presentation at any  
10 medical society since 2001?

11 A. No.

12 Q. And when did you finish your residency?

13 A. 2002.

14 Q. Okay. Following your residency, have  
15 you given a single presentation at any medical  
16 society?

17 A. No, not at a medical society, no.

18 Q. Okay. That obviously includes SUI,  
19 female SUI --

20 A. Correct.

21 Q. -- transvaginal mesh? Yeah.

22 Under "Research" you've listed two  
23 entries --

24 A. I have.

1 Q. -- one in '96 and one in '94.

2 Have you done any research since the  
3 entry listed March 1996?

4 A. Not what I would call clinical  
5 research.

6 Q. Not that you would list here on your  
7 CV?

8 A. Right. Not -- the presentations were  
9 research, but. . .

10 Q. Okay. Under "Medical Societies,"  
11 when -- are you a member of AUGS?

12 A. No.

13 Q. Are you a member of SUFU?

14 A. No.

15 Q. Are you a member of ICS?

16 A. No.

17 Q. IUGA?

18 A. No.

19 Q. AGOS?

20 A. No.

21 MR. MORIARTY: He's making them up now.

22 BY MR. JONES:

23 Q. Have -- are you a urogynecologist?

24 A. No.

1 Q. Did you do a fellowship?

2 A. No.

3 Q. Okay. Did you apply to sit for the  
4 FPRM exam in 2013?

5 A. You're making that one up, too.

6 Q. Yeah. I may be.

7 A. No. No. I know what you're talking  
8 about. No, I did not.

9 Q. Okay. If you know the proper acronym,  
10 feel free to correct me.

11 Female Pelvic -- but you understand  
12 that there was a credentialing program sometime in  
13 2003 -- 2013?

14 A. Yes.

15 Q. And you didn't apply to take that test?

16 A. No.

17 Q. Why not?

18 A. Because I didn't do most of the things  
19 that they do, which is a lot of pelvic floor. . .

20 Q. Okay. So you wouldn't have even  
21 qualified to take the test, correct?

22 A. Probably could have -- sure, I could  
23 have qualified to take the test. I don't think  
24 that they had any -- anybody can take the test if

1       you're a urologist or a gynecologist, but I  
2       wouldn't -- I wouldn't have done it.

3           Q.       If you had researched it and there was  
4       a minimal requirement for the level of -- or level  
5       and/or number of pelvic floor surgeries that you  
6       had to do in order to even sit for the exam, it's  
7       possible that you wouldn't have been even able to  
8       sit for the exam, correct?

9           A.       That's true.

10          Q.       Okay. And you're not -- as you sit  
11       here today, you don't know the requirements,  
12       correct?

13          A.       No.

14          Q.       But you didn't try to apply for it?

15          A.       No.

16                MR. MORIARTY: So it's after 9:00.

17       Let's just look for the next convenient stopping  
18       point.

19                MR. JONES: Okay.

20       BY MR. JONES:

21          Q.       Under "Honors," "Leadership,"  
22       "Publications," "Presentations," and/or "Research,"  
23       none of the listings in your CVA [verbatim] relate  
24       to SUI or transvaginal mesh, correct?

1 A. In my CV? No. Correct.

2 (Whereupon Exhibit 5 was marked as an  
3 exhibit.)

4 BY MR. JONES:

5 Q. Exhibit 5.

6 A. I did bring them.

7 Q. You did bring them. Somebody brought  
8 them.

9 What is Exhibit 5, Doctor?

10 A. When?

11 Q. What is Exhibit 5, Doctor?

12 A. What is -- oh, it's a consulting  
13 agreement for Ethicon.

14 Q. Take a look -- take a second and look  
15 through Exhibit 5, and all I'm going to ask is what  
16 the documents are, if you're familiar with them,  
17 you know, if your name appears on them and what  
18 year they are. I'm just going to ask basic  
19 questions like that --

20 A. Okay.

21 Q. -- and then we'll be done for the  
22 evening. But take a second and look through them.

23 A. (Reviews documents.)

24 Okay. I've looked at the first one.

1       Are they all fairly similar?

2           Q.        Yeah.    Okay.   Exhibit 5 contains a  
3       variety of documents that I've given you an  
4       opportunity to review.

5                   Go ahead.

6                   MR. MORIARTY:   Are you just asking him  
7       about Exhibit 5, or is all of this Exhibit 5?

8                   MR. JONES:    Why don't we, in the  
9       interest of time, scrap this.   Scrap Exhibit 5.  
10      We'll pick that up tomorrow.

11                  THE WITNESS:   I mean, I've -- I don't  
12       know -- unless you're -- think that I don't -- I  
13       don't know how difficult it will be.

14      BY MR. JONES:

15            Q.        Okay.   How about this?   Do you  
16       recognize the documents contained within Exhibit 5,  
17       Doctor?

18                  MR. MORIARTY:   Okay.   And just for  
19       clarity, for the record, only one of the documents  
20       in this --

21                  MR. JONES:   They're all Exhibit 5.

22                  MR. MORIARTY:   -- folder are marked.  
23      And there's maybe five documents.   So you've got  
24      consulting agreements and then advisory board

1 documents.

2 So the question is, does he recognize  
3 them?

4 BY MR. JONES:

5 Q. Yeah. Do you recognize those documents  
6 contained within Exhibit 5?

7 A. I recognize them as -- yeah, consulting  
8 agreement here. Consulting agreement. Consulting  
9 agreements. And so -- this is '06. This one is  
10 '08. This one is '09. Consulting --

11 Q. Let's just --

12 MR. MORIARTY: Let him finish.

13 BY MR. JONES:

14 Q. -- let's stop for a second, Doctor.

15 A. Okay.

16 Q. Exhibit 5 you recognize as a consulting  
17 agreement between yourself and Ethicon, correct?

18 A. Correct.

19 Q. And what is the date of that?

20 A. '06.

21 MR. JONES: And this will be Exhibit 5.

22 (Whereupon Exhibit 6 was marked as an  
23 exhibit.)

24 BY MR. JONES:

1 Q. I'm marking Exhibit 6.

2 Tell us what Exhibit 6 is, Doctor?

3 A. It looks like another consulting  
4 agreement from '08.

5 Q. Exhibit 6 is a consulting agreement  
6 between yourself and Ethicon for 2008, correct?

7 A. Correct.

8 (Whereupon Exhibit 7 was marked as an  
9 exhibit.)

10 BY MR. JONES:

11 Q. Okay. I'll mark Exhibit 7.

12 A. Consulting agreement from '09.

13 Q. Exhibit 7 is a consulting agreement  
14 between Ethicon and yourself for the year 2009,  
15 correct?

16 A. Correct.

17 MR. JONES: Exhibit 8.

18 (Whereupon Exhibit 8 was marked as an  
19 exhibit.)

20 BY MR. JONES:

21 Q. Tell us what Exhibit 8 is.

22 A. Consulting agreement for 2011.

23 Q. Exhibit 8 is a consulting agreement  
24 between Ethicon and yourself for 2011, correct?

1           A.         Does it say "Ethicon" in there? I  
2 just. . . I'm sure it is. But do you see  
3 "Ethicon" there?

4           Q.         Yeah.

5           A.         Yeah. Sorry. Thank you. Yeah. Yeah.  
6 (Reviews documents.) Okay.

7           Q.         Okay. And do you recognize -- the next  
8 document is entitled "Advisory Board"?

9           A.         Yes.

10          Q.         Do you recognize that document?

11          A.         I don't remember it. It's 2007, but --  
12 yes.

13                    Do you want to put that on there if you  
14 want?

15          Q.         Okay.

16                   (Whereupon Exhibit 9 was marked as an  
17 exhibit.)

18 BY MR. JONES:

19          Q.         Exhibit 9 is a 2007 advisory board  
20 document; is that correct?

21          A.         Yes.

22          Q.         And what is Exhibit 9 discussing?

23          A.         It says -- it's a pelvic floor  
24 incontinence summit in Orlando, Florida. I must

1 have been there. I don't remember it.

2 Q. Okay. Is it your understanding that  
3 you did attend a pelvic floor summit in Orlando,  
4 Florida, in 2009?

5 MR. MORIARTY: Objection to form and  
6 otherwise.

7 THE WITNESS: It looks like I did.

8 MR. MORIARTY: Don't assume just based  
9 on this stuff.

10 THE WITNESS: Right. Well, yes, I  
11 understand. I just don't remember it.

12 BY MR. JONES:

13 Q. Okay. You don't recall as you sit here  
14 today one way or the other?

15 A. Right. Right. Right.

16 (Whereupon Exhibit 10 was marked as an  
17 exhibit.)

18 BY MR. JONES:

19 Q. Exhibit 10. Tell us what Exhibit 10  
20 is, Dr. Ramsey.

21 A. This is an advisory board. And this  
22 was in Fort Lauderdale. I don't really ever  
23 remember going to Fort Lauderdale.

24 Q. Okay. Exhibit 10 is discussing a

1 pelvic floor Summit held by Ethicon in Fort  
2 Lauderdale, Florida, correct?

3 A. Right.

4 Q. You're listed as one of the physicians  
5 attending the 2009 summit in Fort Lauderdale,  
6 Florida?

7 A. 2007.

8 MR. MORIARTY: Objection. Form.

9 Go ahead.

10 THE WITNESS: 2007.

11 BY MR. JONES:

12 Q. Correct?

13 A. Correct.

14 MR. MORIARTY: Did you scoop up my red  
15 pen by any chance?

16 MR. JONES: I did.

17 THE WITNESS: I'm just looking at the  
18 other one. Looking at the dates.

19 And so Exhibit 9 was February 6th  
20 through 8th, 2009.

21 Exhibit 10 was February 6th through  
22 8th, 2009, as well.

23 So 2009 -- so they must have been the  
24 same.

1 BY MR. JONES:

2 Q. Okay.

3 A. Same thing.

4 BY MR. JONES:

5 Q. And then last one in the pile, correct?

6 A. Another advisory board.

7 Q. I'll put a sticker on that for the  
8 record. I'm going to put "Exhibit 11."

9 (Whereupon Exhibit 11 was marked as an  
10 exhibit.)

11 BY MR. JONES:

12 Q. Exhibit 11 is another advisory board  
13 document, correct?

14 A. Correct.

15 Q. And what event is discussed in  
16 Exhibit 11?

17 A. It was December 11th through 12th,  
18 2008, in New -- in Somerville, New Jersey.

19 Q. Do you recall participating in a 2008  
20 event?

21 A. I really don't. I -- vaguely.

22 Honestly, I don't. Until you showed me that, I  
23 don't remember it.

24 Q. Okay. Does that -- as you sit here

1 today, do you know one way or the other, according  
2 to that document, whether you attended --

3 A. I can't remember. You know, it looks  
4 like I was there, but. . .

5 MR. JONES: Okay.

6 I think that's all the questions I have  
7 for tonight.

8 MR. MORIARTY: Okay.

9 MR. JONES: Are we off the record?

10 MR. MORIARTY: We are now.

11 (Proceedings adjourned at 9:16 p.m.)

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C E R T I F I C A T E

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STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

3

I, Lise S. Matthews, RMR, CRR, CRC, LCR  
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and for the State of Tennessee, do hereby certify  
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the transcript is a true and accurate record to the  
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I further certify that I am not related  
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to the action, nor am I in any way financially  
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Lise S. Matthews, RMR, CRR, CRC  
21 LCR 353 Expiration Date 6/30/2016  
22 Notary Public Commission Expires  
23 March 6, 2018

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